



**El Campo High School**

**Transcript Request**

(Please allow 24 hours to process request)

Date: \_\_\_\_\_

Name while enrolled: \_\_\_\_\_ Phone: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ or Date of last attendance: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Please check the appropriate box and, if necessary, complete the mailing address.

Number of official (sealed) transcripts \_\_\_\_\_ Un-official transcript (s) \_\_\_\_\_

Transcripts will be picked up

Please mail transcripts to: or  Send electronically to:

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail, fax, or email requests to:**

**El Campo High School**

**Attn: Registrar**

**600 W Norris**

**El Campo, TX 77437**

**Fax# 979-543-6575**

**Email to** [drod@ecisd.org](mailto:drod@ecisd.org)

**Transcript copies for OUT OF SCHOOL students are \$2.00 each.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_