



Eastern Regional High School
GUIDANCE SERVICES

Eastern Regional High School Midyear Transcript Request

****PLEASE ALLOW TWO WEEKS FOR PROCESSING AND DELIVERY OF YOUR TRANSCRIPT****

Student First & Last Name: _____ Counselor: _____

Student ID #: _____

Clearly print name of college/university	Midyear Deadline Date (Not the date you want your materials sent)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

By typing your name below you are hereby giving consent to Eastern Regional High School to release a copy of your transcript to the institution(s) shown above and are in agreement that this is the legal equivalent of your written signature.

Electronic Signature of Student

Electronic Signature of Parent/Guardian if student is under 18 years old