

TRANSCRIPT REQUEST

(FROM OTHER INSTITUTIONS)

Name _____
Last First Middle (Maiden or Other)

Address _____

City, State, Zip _____

Student ID Number _____

Send to:

**Eastern Oregon University
Registrar's Office
Inlow Hall 109
One University Blvd.
La Grande, OR 97850**

I authorize (institution) _____ to release a copy of my transcript to Eastern Oregon University.

Signature _____ Date _____

Dates I Attended: _____

Number of Copies:

Official _____

Unofficial _____

Hold For:

____ Current term grades

____ Recording of degree

____ Other _____

I understand your institution may charge for this service. Please notify me of the fee by contacting me:

____ at the above address

____ phone: _____

____ email: _____

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