

EAST CENTRAL HIGH SCHOOL

Phone: 228-588-7000

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REQUEST FOR OFFICIAL TRANSCRIPT

FORMER STUDENTS ONLY

CURRENTLY ENROLLED STUDENTS – Request in Guidance Office

PLEASE REMIT \$3.00 TO:

East Central High School
Office of the Registrar
5500 Hurley Wade Road
Moss Point, MS 39562

PLEASE PRINT THE FOLLOWING INFORMATION

FULL FIRST & LAST NAME AT GRADUATION: _____

Current last name if different: _____

DATE OF BIRTH: _____

YEAR GRADUATED _____ **OR** YEAR WITHDRAWN: _____

TELEPHONE NUMBER: _____

If not picking up
transcript, include
where to be mailed

I understand the information on this transcript will not be released to a third party without my consent.

Signature

Date

FOR OFFICE USE ONLY:

PERMISSION TO PICK-UP GIVEN TO: _____

Date requested _____ Payment _____ Initials _____ Date sent _____