



Wes Rogers  
Principal

## ELMORE COUNTY HIGH SCHOOL

155 North College Avenue  
Eclectic, Alabama 36024  
(334) 541-3662

Fax (334) 541-4441

Kenyatta Harris  
Assistant Principal

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For graduates of more than two years there is a \$5.00 fee per transcript. This fee may be paid by cash, check, or money order made payable to ECHS. Your transcript will not be released until payment has been received.

### **Please Note:**

- ✓ All transcript requests must be made in writing.
- ✓ Transcripts are processed on Tuesdays and Thursdays.
- ✓ An official transcript must be mailed directly to a college or employer by ECHS.
- ✓ Institutions will not accept "hand-carried" transcripts as official.
- ✓ Transcripts will show all grades, test scores, and graduation date.
- ✓ We do not have copies of diplomas.

### **How to Request:**

If you live locally you may come in and fill out a transcript request form. If it is not convenient, or you live out of town, you can download and print the form below. Send the completed form and fee to the following address:

Elmore County High School  
Attn: Records  
155 N College Ave  
Eclectic, Alabama 36024

### **Questions:**

Laura Johnson  
334-541-3662, ext. 33002  
[laura.johnson@elmoreco.com](mailto:laura.johnson@elmoreco.com)



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## Transcript Request Form

Full Name (while attending): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Year Graduated/Exited: \_\_\_\_\_ Contact #: \_\_\_\_\_

### Where would you like the transcript sent?

Institution/Individual Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Fax: Fax #: \_\_\_\_\_

Mail: Department/Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return form & fee to: Laura Johnson** Fax: 334-541-4441  
Email: laura.johnson@elmoreco.com  
Mail: 155 N College Ave  
Eclectic, Alabama 36024

|                             |                       |                     |
|-----------------------------|-----------------------|---------------------|
| <b>For Office Use Only:</b> |                       |                     |
| Amt. Paid: \$ _____         | Date Processed: _____ | Processed By: _____ |