



## HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please complete this form and return to the Emmanuel College Office of Admissions. You can scan and email it to Alyssa Redd at [aredd@ec.edu](mailto:aredd@ec.edu).

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High School Name

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Address

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City, St Zip

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Phone

### **To the High School:**

I hereby grant permission for you to release a current official transcript, any applicable SAT/ACT scores, and a final transcript upon my graduation to Emmanuel College. Please forward those documents immediately to the following address.

Attn: Office of Admissions  
P.O. Box 129  
Franklin Springs, GA 30639

Questions or concerns can be directed to Alyssa Redd by phone at 1-800-860-8800 x1.

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Student Name

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Birthdate

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High School Graduation Date

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Student Signature

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Date