

22876 E. Highway 86 ● Granby, MO 64844
Phone (417)472-6238 ● Fax (417)472-7129 ● registrar@eastnewton.org
August- May Office Hours: Mon-Fri 8 AM-3 PM ● June- July Office Hours: Mon-Thurs 9 AM- 2 PM

All transcript requests will be processed within 7-10 business days. Please call the high school office if you need a rush placed on your request and we will attempt to honor that request.

Student Information

| Student | t Name: | | | | | | | |
|---------|--|-------------------|--------|--|-------------|----------|---------|--|
| | Last | First | | | M.I. | | | |
| Former | Names: (if applicable): _ | | | | DOB: _ | | | |
| | | | | | | MM/DD/YY | | |
| Year of | f Graduation or last da | te of attendance: | | | | | | |
| Daytim | ne Phone: () | E | Email: | | | | | |
| Signat | ure: | | | | | | | |
| Delive | ery Options (select al | I that apply) | | | | | | |
| | Pick up in person at ENHS # of copies to be picked up in a sealed envelope | | | | | | | |
| | Pick up by someone other than you at ENHS # of copies to be picked up in a sealed envelope Name of person: NOTE: The person you authorize to pick up your transcript will be required to show picture ID for your transcript to be release | | | | | | | |
| | Fax transcript to: (| | | | | | | |
| | Email transcript to: | | | Attention: | | | | |
| | Mail transcript to: | | | Mail Additional transcript to: | | | | |
| | Company/Educational Institution | | | Company/Educational Institution Individual's Name &/or Office | | | | |
| | Individual's Name &/or Office | | | | | | | |
| | Address 1 | | | Address 1 | | | | |
| | Address 2 | | | Address 2 | | | | |
| | City State | Zip Code | | City | State | | ip Code | |

^{*}Transcript request can be emailed, mailed, or dropped off at the ENHS office.