



*Evangelical Christian School
Alumni Transcript Request/Release Form*

Return this form to the name and address below. Please print all information legibly.

School Registrar
Evangelical Christian School
8237 Beacon Boulevard, S.E.
Fort Myers, Florida 33907-3098

Full Name _____ Maiden Name _____

Address _____

Today's Date _____ Year Graduated _____

PLEASE SEND MY TRANSCRIPT TO:

Institution _____

Address _____

Signature _____

Questions? Please call School Registrar at (239) 936-3319