

TRANSCRIPT REQUEST FORM

EAGLE'S NEST ELUMINATUS OF NEWMAN

Kate Walker
Accreditation Counselor, Eagle's Nest Eluminatus of Newman
6545 Hwy 154 #158 Sharpsburg, GA 30277
770-630-6134
enchea.transcripts@gmail.com
CEEB 112729

**Requests will be filled within ten (10) business days of payment and paperwork being received.
Please note that EN Eluminatus is unable to change any items from a student's record.**

Student Name (First- Middle- Last) _____

Student Date of Birth (MM/DD/YYYY) _____/_____/_____

Student Address (Street) _____

(City) _____, (State) _____ (Zip) _____

EN Eluminatus Enrollment Start Date (MM/YYYY) _____/_____

EN Eluminatus Enrollment End Date (MM/YYYY) _____/_____

Person Requesting Records (Name) _____

You are stating that you are the student of legal age or authorized to receive records because you are a parent or legal guardian of the student you are requesting records on behalf of, and he/she is dependent according to Section 152 of the Internal Revenue Code if the student is over eighteen years of age.

Signature _____

Requesting Person Email Address _____

Requesting Person Phone Number _____

Identification Verification of License # _____

EN Eluminatus must verify your identity before completing your records request. *Please include a photo copy of your license or state issued ID with this request. The copy will be destroyed upon verification.*

For records prior to 2022, \$5.00 is charged and payable via check to Kate Walker at the following address:
179 Lamb Rd.
Moreland, GA 30259

Delivery Method of Student Records by either mail or email.

Please provide method below and address of delivery: Email OR USPS Mail

To: (Name) _____

(Address) _____