

Erie County Home Schoolers Diploma Association
☐ Transcript Release Form ☐

Personal Data (To be completed by student)	
Full name at time of high school graduation	Year ECHSDA Diploma was issued
Student's current phone number or email address	Student's birth date
Date of request	Signature

I have enclosed \$5.00 for each transcript requested. Please send an official copy of my ECHSDA transcript to the following address. (List additional addresses on reverse side.)

Name/School _____
"ATTENTION:" _____
Street Address _____
City, State, Zip Code _____

Or email to: _____