



REQUEST FOR OFFICIAL TRANSCRIPT

Experience Life International, Inc.

Note to the Applicant: Please send this completed form (photocopy as needed) with the appropriate transcript fee and postage fee to the Registrar of each high school, college or university you have attended.

Applicant's Full Name _____
LAST FIRST MIDDLE IN

Maiden Name (if different when attending) _____

Dates of Enrollment: _____

Degree and Year of Graduation: _____

Major / Field of Study: _____

High School / College / University: _____

I hereby authorize the release of my academic records, i.e. transcript, to Experience Life International, Inc. (ELI 360).

Student's Signature

Date

Note to the Registrar: please send an official transcript (with seal and signature) of my academic record to:

Experience Life International
Admissions Administrator

Corporate Office
733 Parsons Road
Abilene, TX 79602-1942
USA

Tel: 325.437.2827
Fax: 325.673.1546

Email: ellen_presley@eli360.com