



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 _____
FAMILY / SURNAME GIVEN NAME 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
The Alexander Building
104 Pine St, Suite 610
Abilene, Tx 79601
USA

Tel: 325.437.2827
Fax: 325.673.1546

Email: admissions@eli360.com