

CHRIST'S CHURCH ACADEMY

TRANSCRIPT REQUEST FORM

One request form per college/scholarship.

CCA will send two transcripts at no charge. Please include \$5.00 for each additional transcript requested.

Date _____ Student name _____
DOB _____ Year of Graduation _____
Phone # _____ Address _____

CURRENTLY ENROLLED STUDENTS, PLEASE COMPLETE THE FOLLOWING:

***PLEASE NOTE:** Most schools require that test scores are sent directly from the testing company. Please research your schools thoroughly and make appropriate arrangements.

NAME OF COLLEGE/UNIVERSITY: _____

MAILING ADDRESS: _____

SCHOLARSHIP NAME & COMPLETE MAILING ADDRESS: _____
(if applicable) _____

APPLICATION DEADLINE FOR COLLEGE/SCHOLARSHIP: _____

CHECK ALL THAT

APPLY TO THIS REQUEST _____ Enclosed is the counselor portion of the application.

_____ I am requesting a recommendation from the following teacher(s):

_____ Send transcript only.

_____ \$5.00 transcript fee attached
(for each transcript printed after the second request).

Signature of Parent, Guardian _____
(required even if student is 18 years old)

Email Address _____

THIRD PARTY PICK UP – I authorize the person named below to pick up my transcript.
(PHOTO ID REQUIRED)

NAME _____

FOR OFFICE USE ONLY:

Dates: _____ Transcript Request Received _____ High School Profile Sent
_____ Mailed _____ Pick up