

CHRIST'S CHURCH ACADEMY

TRANSCRIPT REQUEST FORM

One request form per school
Please include \$5.00 for each transcript requested.

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

PLEASE COMPLETE THE FOLLOWING:

NAME OF SCHOOL (College/University) _____

ADDRESS _____

CITY & STATE: _____

CHECK ALL THAT

APPLY TO THIS REQUEST _____ \$5.00 transcript fee attached
_____ Mail official transcript to requested school
_____ Will pick up official transcript

Please allow 3-5 business days to process the transcript request.

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Signature of Student if over 18 yrs. of age _____

Signature of Parent, Guardian (if under age 18) _____

Email Address _____

Daytime phone number _____

Additional comments:

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FOR OFFICE USE ONLY: _____ Date transcript request form was received

_____ Mailed/Picked up: _____ date _____ staff initials