



Date submitted:	
Completed:	
Paid:	CA CK CC
Amount:	

Transcript Request

Student Name _____ Student Email Address _____

Parent Name _____ Parent Email Address _____

Student Address _____

Phone Number _____

Please send my transcripts to: (include school's full address and any contact names)

- 1.) _____

- 2.) _____

- 3.) _____

- 4.) _____

Other forms:

Please allow 2 weeks for your transcripts to be prepared.

***Note:** Official Transcripts will be sent directly to the school(s) students are applying to. You will receive an email once transcript request has been completed.

*Payment of \$10 per official transcript is due before your request will be processed.