



OFFICIAL TRANSCRIPT REQUEST FORM

Name: (Last, First, Middle) _____ Date of Graduation: _____

Date of Birth: _____ Phone: _____ Date of Request: _____

E-Mail Address: _____ Application Deadline: _____

CHECK ONE:

- TRANSCRIPT REQUEST**
- FINAL TRANSCRIPT REQUEST – Available ONLY after graduation**
Please allow 2-4 weeks for final transcript processing

STUDENT CHECKLIST:

- ___ Transcript request form. One for each school to which you apply.
- ___ Recommendation letter(s) if applicable
- ___ Business-size envelope addressed to college, university or agency
No postage. No return address.
- ___ \$5.00 per request if graduated over 12 months
- ___ \$5.00 per transcript request over 5 requests
- ___ Request submitted in advance of application due date and/or deadline
- ___ Special directions if applicable

***** PLEASE NOTE WE CANNOT PROVIDE TRANSCRIPTS TO STUDENTS OR PARENTS *****

***** PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING *****

SEND TRANSCRIPT TO:

Name of College, University, School or Agency

Name of Person or Office

Address

City, State, Zip

SPECIAL DIRECTIONS:

I have read and do hereby agree and understand that by signing the below I am giving Kearny Christian Academy authorization to release school records and all test scores to the institution listed above.

Parent Signature (required if over student is under 18 years of age)

Date

Student Signature (if over 18 years of age only)

Date

Office Use Only - Date Sent & Initials: