

CHRIST'S CHURCH ACADEMY

TRANSCRIPT REQUEST FORM

One request form per college.

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 include academic grades and standardized test results to be released to the following college or agency:

***PLEASE NOTE:** Some schools, including the University of Florida, require that test scores are sent directly from the testing company. Please research your schools thoroughly and make appropriate arrangements.

NAME OF COLLEGE/UNIVERSITY: _____

CITY & STATE: _____

OR

SCHOLARSHIP NAME & COMPLETE MAILING ADDRESS: _____

APPLICATION DEADLINE TO COLLEGE/SCHOLARSHIP: _____

EARLY DECISION _____ **EARLY ACTION** _____

CHECK ALL THAT

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

_____ I have requested 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, _____

Or Student (if 18 years of age)

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: Early Decision _____ Early Action _____ Other _____

Dates: _____ Application received _____ Time Application received _____

_____ Time returned to secretary _____ Mailed _____