

Transcript Request

Today's Date: ___/___/_____

Student Name (print): _____ Date of Birth: ___/___/_____

Person Requesting Transcript: _____ Phone Number: (____) _____

Current Grade: _____ or Alumni Year: _____

• What do you need this transcript for:

College Application Scholarship Application Other: _____

• To whom should this transcript be sent:

(name of school, college, scholarship, etc.)

• By what date should this transcript be _____ ? ___/___/_____

(Please fill in blank with one: **Postmarked or Received**)

How will this transcript be delivered?

CA will mail* an Official Transcript. Mailing addressed (required): _____

CA will fax an Unofficial Transcript to: _____

Will pick up an Official Transcript in a sealed envelope. _____

Will pick up an Unofficial Transcript for review. _____

*If you wish to include a document with the transcript, please attach it to this request with a paperclip.

Note: Students are responsible for sending test scores to their colleges. Students are responsible for contacting teachers directly for recommendations.

Signature: _____ Date: _____

A parent/guardian signature is required for minors; a student signature is required at age 18.

Office Use Only

Request Received ___/___/_____ Mailed ___/___/_____ Faxed ___/___/_____ Initials _____

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* **COVENANT ACADEMY** *