

Transcript Request

Processing may take 1-2 weeks, plan accordingly

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 Dual Credit 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 address (required): _____

CA will upload Official transcript to a college app or portal. Link provided: _____

Parent/Student will pick up an Unofficial Transcript for review on ___/___/_____

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 ___/___/_____ E-mailed ___/___/_____

College App Uploaded ___/___/_____ Picked Up ___/___/_____ Initials _____