



HERITAGE CHRISTIAN SCHOOL

OFFICIAL TRANSCRIPT REQUEST

Please note there is a 2 week turn around for the transcript to be sent.

DATE REQUESTED:		<input type="checkbox"/> unofficial copy for review	<input type="checkbox"/> official sealed copy
NAME OF STUDENT:			
YEAR OF GRADUATION:			
CONTACT INFO:	Contact Name: _____ Contact Phone #: _____ Contact Email: _____		
SEND TRANSCRIPT TO:	<input type="checkbox"/> COLLEGE <input type="checkbox"/> STUDENT/FAMILY <input type="checkbox"/> PICK-UP <input type="checkbox"/> OTHER (specify) _____		
ADDRESS OF STUDENT: <i>(Only If transcript is to be mailed to family/student)</i>			
NAME OF REQUESTING SCHOOL:			
COMPLETE ADDRESS OF SCHOOL:			
PHONE # OF SCHOOL:		FAX # OF SCHOOL: <i>(if faxing)</i>	
TRANSCRIPT DEADLINE:	Mandatory:	EMAIL ADDRESS OF SCHOOL: <i>(if emailing)</i>	
SEND TRANSCRIPT BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> PICK-UP		
SPECIAL INSTRUCTIONS:			
(FOR OFFICE USE ONLY) DATE SENT TO STUDENT/SCHOOL:	(FOR OFFICE USE ONLY) Method Sent:		<input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> P/U
	INITIALS:		