

Transcript Request

By completing and submitting this form, you are authorizing Prince Avenue Christian School to release all records requested to the indicated institution.

STUDENT INFORMATION

Date of Request:	Year of Graduation:	
Name	Social Security No. (alumni only):	
E-Mail:	Phone:	

Counselor packets for the student are submitted to the institution, and include a transcript of grades, unofficial SAT/ ACT scores, and our school profile. Each college is unique and accepts required documents in different formats (US Mail, electronic, etc.) It is your responsibility to check with the college admissions office to see what documents they require and their preferred method of receiving them. Please attach any additional forms required.

Please select ONE method for sending transcript from below:

Mail Transcript only Mail Transcript and (check all that apply): Counselor evaluation (attached) Counselor evaluation online. I've emailed link. Senior schedule Teacher recommendation (attached) Other:	 Send Transcript electronically via: Common App Send Edu College Net Parchment College's Private site: Other: 		
Send a PDF transcript for me to email address is listed above.	upload. My	this will be in a se	IAL Transcript. I understand ealed envelope and must be considered official.
Pick up an UNOFFICIAL Transcri	pt.		
(Please list College or Scholarship Name:	only one college or		per form.)
Mailing Address:			
City:		State:	Zip:
 Please Note: SAT and ACT scores will be released. M responsibility to have the scores sent. Transcripts will not be released to stud Transcripts are provided at no charge. 			irectly from the testing agency. It is your
Allow 3-5 business days for processing			Signature
This form may be faxed or mailed to:	Prince Avenue Christia Attn: Lisa Ricketts 2201 Ruth Jackson Ro Fax: 678-726-2301		