

# TRANSCRIPT REQUEST



**PRINCE**  
AVENUE CHRISTIAN SCHOOL

**For Office Use Only**  
**Date Sent:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

If you have opened this form using the internet, simply type in the information using your computer, then print. A completed form cannot be saved, so if you need to keep a copy, then print two.

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

## STUDENT INFORMATION

Date of Request: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Counselor packets for students are submitted to the institution, and include a transcript of grades, SAT/ACT scores, current year class schedule, and school profile. Please attach any additional forms required.**

Please Check As Needed:

- Mail Now
- Mail Now & Complete counselor evaluation online
- Mail after receiving \_\_\_\_\_
- Pick up--\*I understand this will be an official transcript in a sealed envelope.
- Pick up--\*Unofficial Transcript

## COLLEGE/SCHOLARSHIP INFORMATION

College or Scholarship Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Please Note: SAT/ACT scores will be released.

\* Transcripts will not be issued to students with financial holds.

\*Transcripts are provided at no charge.

This form may be faxed or mailed to:  
Prince Avenue Christian School  
Attn: Lisa Ricketts  
2201 Ruth Jackson Road  
Bogart, GA 30622  
FAX: 678-753-3028