

## **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: (alumni only)
Each college is unique and accepts required documents in di responsibility to check with the college admissions office to method of receiving them. Please attach any additional form	see what documents they require and their preferred
Please select ONE method for sending transcript form below fill out 1 form and do NOT need to list individual college nad did not use common app, please select electronically via Gasending out of state, select the appropriate method to send	r: TIP: If you are using Common App for all colleges, you can mes below. If you are sending to a college in Georgia and Futures and DO LIST the college name below. If you are I with college name and address if mailing via US Mail.
☐ Mail Transcript	Send transcript electronically via:
_	☐ GaFutures
Mail Transcript and (check all that apply):	Common App
Counselor evaluation (attached)	College's Private site:
Counselor evaluation online. I've emailed link.	Other:
<ul><li>☐ Senior schedule</li><li>☐ Teacher recommendation (attached)</li></ul>	Pick up an OFFICIAL Transcript. I understand
Other:	this will be in a sealed envelope and must remain
	sealed to be considered official.
Send a PDF transcript for me to upload. My email address is listed above.	☐ Pick up an UNOFFICIAL Transcript
COLLEGE OR SCHOLA	RSHIP INFORMATION
	equest per form, unless using Common App.)
College or Scholarship Name:	
Mailing Address (if mailing via US Mail):	
	State: Zip:
,	
**SIGNATU	RE (REQUIRED)**
Please Note:	
	e testing agency. It is your responsibility to have the scores sent.
<ul> <li>Transcripts will not be released to students with financial hold</li> <li>Transcripts are provided at no charge.</li> </ul>	S.
<ul> <li>Allow 3-5 business days for processing.</li> </ul>	
This form may be emailed to Iricketts@princeave.org or mailed to	o: Prince Avenue Christian School
·	Attn: Lisa Ricketts
For Office Use Or	2201 Ruth Jackson Road, Bogart, GA 30622
<u>_</u>	
Date Sent /initials Confirmation 6	email sent to student U Documented in FACTS/Advising