

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:	Social Security No. (alumni only):	
Name		
E-Mail:		
Each college is unique and accepts required documents in d responsibility to check with the college admissions office to method of receiving them. Please attach any additional form	see what documents t	ail, electronic, etc.) It is your hey 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 no did not use common app, please select electronically via Go sending out of state, select the appropriate method to send	v: TIP: If you are using ames below. If you are aFutures and DO LIST (sending to a college in Georgia and the college name below. If you are
☐ Mail Transcript	☐ Send transcript electronically via:	
	☐ GaFutures	
■ Mail Transcript and (check all that apply):	Common App	0
Counselor evaluation (attached)	☐ College's Private site:	
☐ Counselor evaluation online. I've emailed link.		
Senior schedule		
☐ Teacher recommendation (attached)	Pick up an OFFICIAL Transcript. I understand	
Other:	this will be in a sealed envelope and must remain	
	sealed to be cor	nsidered official.
Send a PDF transcript for me to upload. My email address is listed above.	☐ Pick up an UNOFFICIAL Transcript	
COLLEGE OR SCHOLA (Please list only one college or scholarship r	request per form, un	less using Common App.)
College or Scholarship Name:		
Mailing Address (if mailing via US Mail):		
City:	State:	Zip:
	IRE (REQUIRED)**	
 Please Note: Most colleges require SAT/ACT scores be sent directly from th Transcripts will not be released to students with financial hold Transcripts are provided at no charge. Allow 3-5 business days for processing. 		ur responsibility to have the scores sent.
This form may be turned in to the HS Office, emailed to <u>transc</u> School, Attn: HS Office/Transcript Reques For Office Use O	t, 2201 Ruth Jackson Roa	id, Bogart, GA 30622
☐ Date Sent/initials ☐ Confirmation	email sent to student	☐ Documented in FACTS/Advising