



Elijah Academy
A Ministry of Calvary Chapel Denton

Office Use Only

Date Received: _____

Date Mailed: _____

OFFICIAL TRANSCRIPT REQUEST FORM

To request an official transcript for an institution, please complete this form. Requests for transcripts should be made well in advance of the date the transcript is needed – at a minimum, please provide 10 business days. Should a recommendation letter be needed, please provide additional time. Final grades must be turned in and reviewed one week prior to this form being completed.

Date of Request: _____ Student Name: _____
Print

I am requesting: _____ Official Transcript To Be Mailed To A College Or University
_____ I Have Attached Documentation To Be Mailed With The Transcript

Please Read: OFFICIAL TRANSCRIPTS CANNOT BE GIVEN TO A STUDENT OR PARENT. THEY MUST BE MAILED DIRECTLY TO A COLLEGE OR UNIVERSITY OR HR DEPARTMENT. ELIJAH ACADEMY TRANSCRIPTS MAY NOT BE REPRODUCED BY THE PARENT.

I HAVE READ THE ABOVE NOTICE: _____ (INITIAL)

Mail Transcript To:

First Request

Recommendation Letter needed? []yes []no

Name of College/University/Business

Department (Will Be Sent To Admissions Office Unless Stated Otherwise)

Address

City State Zip

Second Request

Recommendation Letter needed? []yes []no

Name of College/University/Business

Department (Will Be Sent To Admissions Office Unless Stated Otherwise)

Address

City State Zip

Third Request

Recommendation Letter needed? []yes []no

Name of College/University/Business

Department (Will Be Sent To Admissions Office Unless Stated Otherwise)

Address

City State Zip

Fourth Request

Recommendation Letter needed? []yes []no

Name of College/University/Business

Department (Will Be Sent To Admissions Office Unless Stated Otherwise)

Address

City State Zip

Student's Home Phone: _____ Student's Signature: _____