



OFFICIAL TRANSCRIPT REQUEST

Date of request _____ Date needed _____

Student Name _____
(Last Name) (First Name) (Middle Name) (Maiden name)

Address _____

Parent Phone # _____ Student Phone # _____

Date of birth _____ Expected Year of graduation _____

Did you/Will you graduate with a (please select one):

- College Pathways diploma
- H.E.A.R Certificate
- Self-managed transcript

REASON FOR REQUEST

- College/Scholarship application to _____
(Name and address of organization)
- Military recommendation
- Personal
- Transferring schools
- Other

- Please include a stamped, addressed envelope to the requesting institution or agency. Registrar will mail directly.
- Please fill out **one form per request.**
- Include \$5 per transcript, checks only please, made payable to The Classical Academy.
- Allow 10 school days for processing.

Student Signature _____ Print name _____

Parent Signature _____ Print name _____
(if under 18)

Office Use only

Date received	_____	CP office
Sent to Registrar	_____	CP office
Date completed	_____	Registrar
File copy made	_____	Registrar
File copy sent to CP	_____	Registrar
Date sent to college	_____	CP office