

Discovery Christian School Transcript Request Form

Please allow 7-10 business days for processing from the time it is received in the office.

Please mark the option(s) below that apply to your request.

- Mail immediately
- Official copy needed
- Unofficial copy needed

Student Name:

Student Street Address:

City, State, Zip:

Student Phone (with area code):

Dates of attendance: From _____ to _____

Graduation date (if applicable):

Withdrawal year (if applicable):

Date of birth:

Mail _____ (# of copies) to name/institution and address:

Mail _____ (# of copies) to name/institution and address:

Please note each student will only receive 3 official or unofficial transcripts from Discovery Christian. Each subsequent transcript request will incur a \$5 fee payable at time of request to the office.

Amount received: _____ Date: _____

Person requesting transcript:

Please circle one: Self, Parent, Other

Signature:

For Office Use Only: Date received: _____ Date Mailed: _____ Mailed by: _____