



www.ccastorm.org

Transcript Request Form

NAME: _____ Present Grade _____
 Last First Middle

Date of Birth: _____ Address: _____

Phone: _____ Reason for Transcript: _____

CHECK ONE:

TRANSCRIPT REQUEST: _____ (Includes all test scores)

MIDYEAR REQUEST: _____ (Transcript only, no test scores)
(Accepted after January 20th)

FINAL REQUEST: _____ (Transcript only, no test scores)
(Accepted after June 1st)

OFFICIAL TRANSCRIPTS CANNOT BE PROVIDED TO STUDENTS/PARENTS

SEND TRANSCRIPT TO:

SPECIAL DIRECTIONS:

Name of Person or Office

Name of College, University, School

Address

City, State, Zip

CHECKLIST:

- _____ Submit separate transcript request form for each school to which you apply.
- _____ \$10.00 per transcript for first two requests - \$5.00 per each request thereafter.
- _____ Request submitted **TEN BUSINESS DAYS** before application due date.

Authorization to release school records and all test scores to the agency listed above:

Signature of Parent (if student is under 18) _____

Signature of Student (if age 18 or over) _____

Office Use: Date Sent & Initials: _____