

Calvary Christian School

For Office Use Only

Date Rec'd: _____

Date Proc'd: _____

Payment Rec'd: Y N

Initials: _____

REQUEST FOR HIGH SCHOOL TRANSCRIPT

This form is being provided for your convenience to request your final high school transcript. The Family Educational Rights and Privacy Act of 1974 and subsequent legislation require that permission be granted for the release of academic records by schools. Therefore, **it is necessary for you to request that your transcript be sent to the college you will be attending.**

You must complete and sign this form and deliver or send this form, along with a **\$5.00 processing fee** (check made payable to Calvary Christian School), to the attention of the Guidance Counselor at Calvary Christian School; 5955 Taylor Mill Road; Covington, KY 41015; (859) 356-9201; fax (859) 356-8962.

* Please allow up to ten business days for your transcript to be processed.

I, _____ request that you send a copy

Your name

of my official high school transcript to:

Name of College/University _____

Street Address _____

City/State/Zip _____

My graduation date from C.C.S. was/will be _____

Month/year

If needed, please contact me at _____ / _____

Phone number

Email address

Thank you,

Signature

Date