



## ***REQUEST FOR TRANSCRIPT FORM***

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **(or) YEAR GRADUATED:** \_\_\_\_\_

**NAME OF INSTITUTION RECEIVING THIS TRANSCRIPT:**

\_\_\_\_\_  
**ADDRESS:**

- \_\_\_\_\_  
\_\_\_\_\_
1. A "Request for Transcript Form" **must be completed for each transcript requested.**
  2. If transcripts are to be sent to a college or business, etc., the completed transcript request form, along with any paperwork to be completed by school officials, should be returned to the Guidance Office with a **stamped, business size envelope addressed to the proper location.**
  3. Transcript requests will be processed within two days of the receipt of the request.
  4. Students **must submit transcript requests at least five school days before the beginning of a vacation or holiday.**
  5. Any student who has graduated prior to the current school year must submit a check payable to Granville Christian Academy for \$5.00 for each transcript requested.
  6. Mail your request to: Granville Christian Academy, Attn: Counselor, 1820 Newark-Granville Rd, Granville, OH 43023.

### **PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:**

- STUDENT WILL PICK-UP TRANSCRIPT IN THE SCHOOL OFFICE**
- OFFICE SHOULD MAIL TRANSCRIPT IN THE ACCOMPANYING ENVELOPE**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_