



# Concord Christian Academy High School Transcript Request Form

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(cell): \_\_\_\_\_ Phone(alt): \_\_\_\_\_

\_\_\_\_ Check here if this is a personal copy (Personal copies will not be sealed and are not official).

Signature of Authorization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

*Please allow 7 business days for processing from the time this is received in the school office.*

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Recipient (College or Employer): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Recipient (College or Employer): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Recipient (College or Employer): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

FOR OFFICE USE ONLY: Date Sent: \_\_\_\_\_ Staff Init.: \_\_\_\_\_

*\*Contact requester when items are sent.*

***"Preparing Students to Live for Christ"***

Phone: (302) 475-3247 \* Fax: (302) 475-6462 \* Email: info@concordchristian.com