



# EDEN CHRISTIAN ACADEMY

## Transcript Request Form

**Please return this form with all necessary attachments to the main office.**

**Note: Due to processing and mailing costs for college application packets, there is a \$3.00 fee for each transcript requested. Please include the fee with this form.**

Student Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

College/University: \_\_\_\_\_

Mailing Address: Office of Admissions or \_\_\_\_\_

*Specific Contact Person*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check **ALL** that apply:

\_\_\_\_ Mail Transcript Only

\_\_\_\_ Mail Transcript with Attached Forms

\_\_\_\_ **I have included all attachments that need to be mailed with this transcript.**

\_\_\_\_ I need to speak to Mrs. Cischke regarding this transcript request.

Postmark Deadline \_\_\_\_\_ or Received by Deadline \_\_\_\_\_

*I authorize Eden Christian Academy to release my school records to the above mentioned institution or individual. I understand there is a \$3.00 fee I must pay at the time of request. I understand that transcripts are mailed twice a week, usually on Tuesdays or Thursdays. Requests must be received by 8:00am on Tuesday or Thursday or they will be processed the following Tuesday or Thursday.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

	FOR OFFICE USE ONLY
DATE MAILED:	
SIGNATURE:	
FEE RECEIVED:	
COMMENTS:	