

TRANSCRIPT REQUEST FORM

To request a copy of your current or final high school transcript, please submit a copy of this form to your high school guidance counselor or mail it to :

**The Calvary Academy
ATTN: High School Guidance Counselor
11970 Kenn Road
Cincinnati, OH 45240**

I request that a copy of my transcript be mailed to the following:

Name/College: _____

Address:

City/State/Zip: _____

Colleges will only accept **OFFICIAL** transcripts. Transcripts must be received in a sealed envelope with the school seal. If you would like a copy for your records, this would be considered **UNOFFICIAL**.

Personal Information:

Student's Name: _____
(Last name, first name)

Maiden Name: _____ Date of Birth: _____

Graduation or Withdrawal Date: _____

Please specify the type and number of transcripts needed:

_____ Official transcript _____ Unofficial transcript

Signature: _____ Date: _____

Telephone Number: (_____) _____

FOR OFFICE USE ONLY:

Date Transcript was mailed: _____