

**Nazarene Christian Academy
Official High School Transcript Request Form**

Date: _____

Student's Name: _____

Contact Phone Number: _____

Student's Grade: _____ Student's Graduation Date: _____

Transcript Purpose: _____

Quantity Needed: _____

Special Instructions: _____

Please check one of the options below:

____ I will be picking up this transcript.

____ Please mail the transcript to the address listed below:

All transcript requests may take up to one week to process. A \$5.00 processing fee will be charged for all transcripts after the first copy has been provided. Fees are payable upon request of transcript.

For Office Use Only

Date Prepared: _____

Prepared by: _____

Fee Collected: _____

Transcript sent or picked up: _____