

# Cumberland Christian School

## Secondary Transcript Request

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

We request copies of the transcript of \_\_\_\_\_ to be sent to the addresses listed below. We understand that three sets per student may be requested without charge. Further sets will cost \$2.00 each. We understand that parents may make an appointment to review student records. Any sets released directly to a student/parent will count as one of these three sets and will be marked "UNOFFICIAL." An "UNOFFICIAL" transcript means they will not be able to be used for official purposes such as college or employment and are only for personal records.

Please follow the steps in order outlined below:

1. I would like to send the transcripts to the addresses listed on this form. The total number of transcripts to be sent at this time is \_\_\_\_\_. I have already sent out \_\_\_\_\_ sets of transcripts before this date. If you are uncertain of how many sets of transcripts have been sent out please check with the High School Office.
2. If you have exceeded the total of three transcripts without charge please make any necessary payment at the Business Office. Students will be responsible for the cost of all transcripts above three based on the official records in the High School Office. **Transcripts cannot be sent out without necessary approval from the Business Office.**

\$ \_\_\_\_\_ Amount Paid

\_\_\_\_\_ Business Secretary Initials

3. I would like transcripts sent to:

You must indicate the addressee, the organization, address, city, state, and zip code.

- |     |       |     |       |
|-----|-------|-----|-------|
| (a) | _____ | (c) | _____ |
|     | _____ |     | _____ |
|     | _____ |     | _____ |
|     | _____ |     | _____ |
| (b) | _____ | (d) | _____ |
|     | _____ |     | _____ |
|     | _____ |     | _____ |
|     | _____ |     | _____ |

4. Please sign below to certify your request for the release of the transcript(s).
5. Return this completed form to the High School Office.

\_\_\_\_\_  
Student's Signature                      Date                      Parent (Guardian) Signature                      Date

**For Office Use Only**

Date Received	_____	By	_____
Guidance Approval	_____	By	_____
Date Mailed	_____	By	_____

This form is to be returned to the student's file.