

Office Use Only

Received: _____
Paid: _____
Sent: _____

**ACADEMY COLLEGE
TRANSCRIPT REQUEST FORM
ACTIVE STUDENTS/GRADUATES/INACTIVE STUDENTS**

Your transcript is confidential and not to be released without your written consent
in accordance with the Family Educational Rights and Privacy Act of 1974.

Graduates/Inactive students:

Please complete the information requested below and mail this form to Academy College to request an official transcript. The fee for an official transcript is \$15.00. Requests will take 14-21 days to process and are only available by mail.

We accept all major credit cards, money orders and cash. Sorry no checks accepted.

Active Students:

Please complete the information requested below and give this form to Academy College to request your official transcript. Most requests will take 2-3 days to process and are available for free.

NOTE:

Transcripts will not be sent if the student has a student account balance due the school.

Mail my transcript to:

Name of Institution or Company: _____

Attention: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

- I will pickup my transcript at the Academy.**
 Please send a second copy of my transcript for a fee of \$5.00 to my home address. (Listed below)

From:

Student's Name: _____

Name of School I attended: _____

Social Security Number: _____

Street Address: _____

City, State, Zip: _____

Dates of Enrollment: _____

Daytime Phone #: _____

Email address _____

I hereby authorize the release of my transcript to the above named company/institution.

Signature of Applicant

Date

Date: 10/20/2011