

**Office Use Only**

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**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 \$20.00. 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)**

**Student's Name:** \_\_\_\_\_

Name of School I attended: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Dates of Enrollment:** \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

If paying by credit card, please pay online at <https://www.academycollege.edu/resources/pay-online/>.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date