



## WEST SHORE CHRISTIAN ACADEMY ALUMNI TRANSCRIPT REQUEST FORM

Name:

\_\_\_\_\_

Email address:

\_\_\_\_\_

College Application Deadline:

\_\_\_\_\_

Year of Graduation:

\_\_\_\_\_

Daytime Phone Number:

\_\_\_\_\_

Return this form to the school and mark "Transcript Request" on the envelope. Failure to fill this form out **completely** will result in a processing delay. (We require a minimum of 2 school days for transcripts and 2 weeks for transcripts that have school reports or letters for the counselor to complete.)

Transcript Fee- \$3.00 for up to three transcripts\*  
(Due with request, transcript **will not be mailed**  
**until payment is received.**)

\*Fee in effect after one year of graduation

\_\_\_\_\_ Check

\_\_\_\_\_ Cash

Is there a School Report for the counselor to  
complete?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Complete the name and address of the college where the transcript needs to be sent. Use one form for each request.

College Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

You will be notified by email when your transcript has been mailed from the Guidance Office.

\_\_\_\_\_  
Signature

(For Guidance Office Only)

\_\_\_\_\_  
Transcript Mailed By

\_\_\_\_\_  
Date Postmarked