

TRANSCRIPT REQUEST

Student Name: _____

Graduation Year: _____ Today's Date: _____

School/Organization Name: _____

School/Organization Address:

If this request is for a college application:

- I submitted the application online (date: _____) or have attached it.
- This is a Common App school; I applied via www.commonapp.org: Y or N
- This school's deadline for receipt of a transcript is _____ (date).
(Student must allow at least one week for processing.)
- List any forms that are attached which must also be sent.

- Are counselor and/or teacher recommendations required? _____
If so, I have contacted and/or submitted necessary forms to these teachers:

Student Signature: _____

Parent Name (printed): _____

Parent Signature: _____

Pine Castle Christian Academy
Guidance Office
5933 Randolph Avenue
Orlando, Florida 32809
Phone (407) 438-2737, x1007
Fax (407) 438-2736

For Office Use Only:

Date Received: _____ Date Mailed: _____ Mailed by: _____