

Landmark Christian School

TRANSCRIPT REQUEST FORM

Graduation Year: _____

Date Requested: _____

Date Mailed/PU: _____

Student Information:

official or unofficial

Print Name: _____

Student Signature: _____ **Please allow 5 business days for transcripts to be processed.**

Phone number: _____

CHECK ONE

Mail Now: _____

Hold for application: _____

Hold for check or recommendation: _____

SENIORS do you want the guidance office to mail a copy of your resume (for current seniors)? **Yes or No**

Please Note: *PSAT/SAT* and *ACT* scores will be released.

Name of College/Scholarship information where transcripts are to be mailed:

Name: _____

Address _____

City/State/Zip: _____

(Optional) Fax#: _____

Name: _____

Address _____

City/State/Zip: _____

(Optional) Fax#: _____

Name: _____

Address _____

City/State/Zip: _____

(Optional) Fax#: _____