

Transcript Request Form

Please allow two business days to process your request.

Name: _____

Name while attending Landmark: _____

Daytime phone number: _____

Email address: _____

Graduation year or year withdrawn: _____

Please mark one of the following options:

___ I will pick up the transcript(s). Please allow two business days for processing. Please remember to bring your drivers license or some other form of photo id.

___ Please mail the transcript(s) to the following. You must provide a photocopy of your drivers license or some other form on photo id.

SIGNATURE: _____
(I certify that I am the person whose transcript is being requested)

Date

SIGNATURE: _____
(I certify that I am the guardian of the minor whose transcript is being requested)

Date

There is a \$5 fee per transcript requested. Cash, money orders, or checks are accepted. Please make checks payable to Landmark Christian School

Return this completed form via mail, email or hand delivery to:

Landmark Christian School
Attn: Registrar's Office
50 SE Broad Street
Fairburn, GA 30213
(770) 692-6759