

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Graduation year or year withdrawn: _____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 mail the transcript(s) to the following

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. If you are currently enrolled at Landmark there is no charge for transcripts until June 15th of your graduation year. 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 E. Broad Street
Fairburn, GA 30213
(770) 306-0647