



TRINITY
CHRISTIAN
A C A D E M Y

True Education

Transcript Request Form

Please fill out and return to Amy Thompson, Registrar

Request Date: _____

Student Name: _____

Grade: _____

Date Needed By: _____

Is this for a college application? Yes No

Has your application been submitted? Yes No

Please allow up to two weeks for processing after submitting this form.

Please make sure the institution address is correct

Name of Institution: _____

Address: _____

City, State, & Zip: _____

Student Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Office Use Only
Date Received: _____
Date mailed: _____