



Official Transcript Request Form

Use this form to request a copy of your official transcript. Complete and submit this form to your school principal or school counselor. Transcripts are notarized with an official Connections Academy seal and signed by a school official. Only parents, guardians, and students age 18 and older may request the release of official transcripts.

Requestor Information

_____	_____	_____	_____
Last Name	First Name	Middle Name	County
_____		_____	_____
Street Address		City	State ZIP Code
()	()	()	
Home Phone	Work Phone	Mobile Phone	

Is the student the requestor? Yes No If no, please fill out the student information below.

_____	_____	_____	_____
Student's Last Name	Student's First Name	Student's Middle Name	Relationship of requestor to student

Transcript Destinations

_____		_____
Destination 1: Name of School or Agency		County
_____		_____
Street Address		City State ZIP Code
_____	_____	_____
Send on date	Send to the attention of	# of Transcripts
_____		_____
Destination 2: Name of School or Agency		County
_____		_____
Street Address		City State ZIP Code
_____	_____	_____
Send on date	Send to the attention of	# of Transcripts
_____		_____
Destination 3: Name of School or Agency		County
_____		_____
Street Address		City State ZIP Code
_____	_____	_____
Send on date	Send to the attention of	# of Transcripts

Parent/Guardian Approval

By signing below, I give permission for Connections Academy to send official transcripts to the above locations.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date