

## 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