



REQUEST FOR OFFICIAL TRANSCRIPT
OFFICE OF THE REGISTRAR

1. This form will be used for mailing purposes. Please PRINT and fill out all appropriate sections.
2. Attach a separate sheet with additional addresses when requesting multiple mailings. If you would like a personal copy, please include your current address.
3. Include a Transcript Fee of \$5.00 per copy. *(Fee waived for currently enrolled students.)*
4. The applicant is responsible for any mailing charges in excess of regular first class mail.
5. A transcript will not be issued if student is not in good standing (e.g. financial).
6. Normal processing time is 5 working days

Are you currently enrolled at Trinity Academy?
____ Yes ____ No

If you answered **No** to the above question, when did you last attend? _____

What year did you graduate? _____

Total number of transcripts requested _____

Student records are confidential and transcripts are issued only on the written request of the student.

Signature **Date**

SEND TRANSCRIPT(S) TO:
Please print clearly

Please print your legal name (First, Middle, Last) as it should appear on your transcript

NAME

ADDRESS

STATE

PHONE

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Maiden Name _____
(If applicable)

Dates Attended (mo./yr.) _____ - _____

Diploma received ____ Yes ____ No

BUSINESS OFFICE USE ONLY	
Approved _____	Date _____
Denied/Unofficial Copy only _____	
Approved by: _____	

REGISTRAR USE ONLY	
Date Received _____	
Date Processed _____	
Paid (cash/check#) _____	