



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 copy for your self, 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.

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 plainly

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

NAME

ADDRESS

STATE

ZIP

PHONE

Date of Birth ____/____/____

Maiden Name _____
(If applicable)

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

Diploma received ___ Yes ___ No
 Are you currently enrolled at Trinity Academy?
 ___ Yes ___ No

BUSINESS OFFICE USE ONLY

Approved _____ Date _____

Denied/Unofficial Copy only _____

Approved by : _____

REGISTRAR USE ONLY

Date Received _____

Date Processed _____

Paid (cash/check#) _____