

# Crossroads Charter Academy Transcript Request Form

First Name: _____	Last Name: _____
Maiden/Other Name: _____	Grad. Year: _____
Email: _____	
Phone: _____	Date of Birth: _____

**Please indicate the type of transcript you are requesting:**

Official (signed, seal applied, in sealed envelope)

Unofficial (no signature or seal) – Can be picked up in person or mailed

**Reason for Requesting Transcript**

College/University

Employment

Scholarship

Other: \_\_\_\_\_

**Address Transcript is to be sent:**

Name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

**Transcript needs to be sent to the attention of (name of individual or department):**

\_\_\_\_\_

**Permission to Release Transcript**

I give permission for Crossroads Charter Academy to release my transcript to the above listed people/organizations.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18) Date \_\_\_\_\_

A confirmation of transcript submission will be sent to the email address listed above. Please contact Caryn Schonert at [schonertc@ccabr.org](mailto:schonertc@ccabr.org) or 231-796-9041 x275 with any questions.