

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 or 231-796-9041 x275 with any questions.