

TRANSCRIPT REQUEST

SUPPORTING DOCUMENTATION

Date Requested _____

Student _____ Class of _____
(please print)

Please send my transcript and supporting documentation to:
(provide name and complete address)

Please send SAT or ACT test scores

(please include the dates of the tests you would like sent. Remember you do not have to send all scores; just send your best)

SAT _____ Date of test(s) _____

ACT _____ Date of test(s) _____

Please send a School Report

(Counselor's Recommendation)

YES _____ NO _____

Please send Teacher Recommendations

(list teachers you have contacted to write letters of recommendation)

Teacher _____

Teacher _____

Please list any other documentation you would like to have the Guidance Office send with this transcript. _____

I understand my transcript will be sent within 10 working days of this request.

Signature of Student

Date

Signature of Parent if parent is making the request

Date

FOUNDATION ACADEMY

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OFFICE USE ONLY

Pick Up Date _____
By _____
_____ Free _____ \$1.00

Mailed Date _____
By _____
_____ Free _____ \$4.00