



EDEN CHRISTIAN ACADEMY

Transcript Request Form

Please return this form with all necessary attachments to the main office.

Note: Due to processing and mailing costs for college application packets, there is a \$3.00 fee for each transcript requested. Please include the fee with this form.

Student Name: _____ Date Requested: _____

College/University: _____

Mailing Address: Office of Admissions or

Specific Contact Person

Check **ALL** that apply:

_____ Mail Transcript Only

_____ Mail Transcript with Attached Forms

I have included all attachments that need to be mailed with this transcript.

_____ I need to speak to Mrs. Potter regarding this transcript request.

Postmark Deadline _____ or Received by Deadline _____

I authorize Eden Christian Academy to release my school records to the above mentioned institution or individual. I understand there is a \$3.00 fee I must pay at the time of request. I understand that transcripts are mailed twice a week, usually on Tuesdays or Thursdays. Requests must be received by 8:00am on Tuesday or Thursday or they will be processed the following Tuesday or Thursday.

Signature _____

Date _____

FOR OFFICE USE ONLY	
Date Mailed	
Signature	
Fee Received	
Comments	