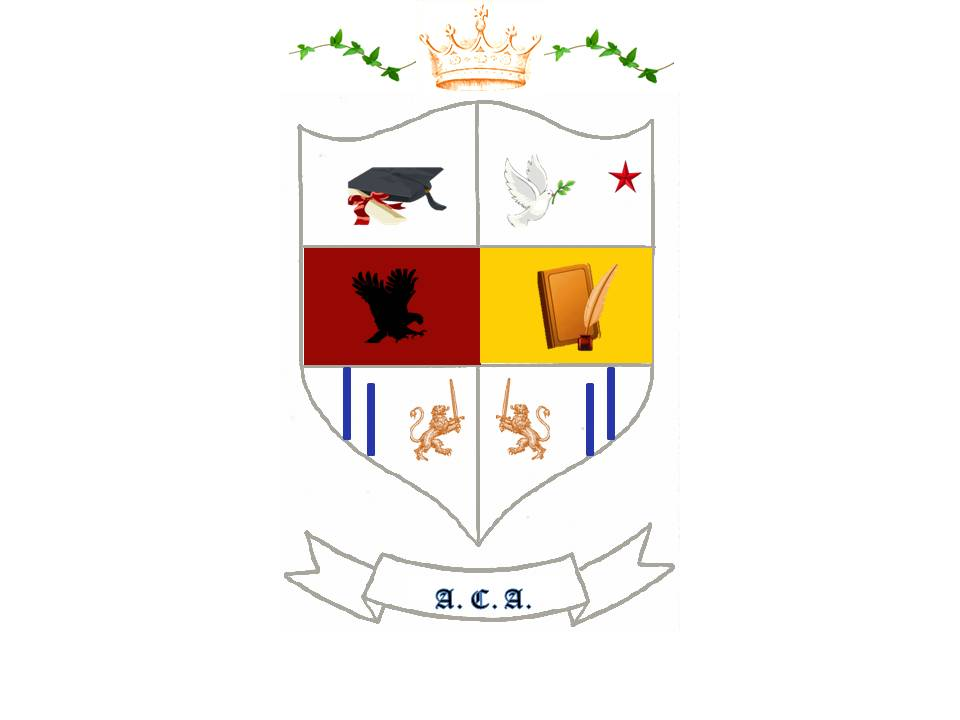
**ATLANTIC CHRISTIAN ACADEMY**



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**[www.Atlanticchristianacademyhs.org](http://www.Atlanticchristianacademyhs.org)**

[**admin@AtlanticChristianAcademyhs.org**](mailto:admin@AtlanticChristianAcademyhs.org)

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**OFFICIAL TRANSCRIPT AUTHORIZATION FORM**

For Official Transcript request you have to complete the following information.

We provide ONLY Official Transcript in original, sealed with envelope. We don't provide copies. The Fee for each Official Transcript is $35.00. Original Diplomas is $55.00.

This process take 7-10 working days.

**COMPLETE THIS INFORMATION AND SEND IT BACK**

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

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Digit of your Social Security No.: \_\_\_\_\_\_\_ Driver License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any transcript? \_\_\_\_\_\_\_ Please send copy of your transcript

Do you have your Diploma? \_\_\_\_\_\_G.P.A.: \_\_\_\_\_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment: VISA\_\_\_\_ MASTER CARD \_\_\_\_DISCOVER \_\_\_\_CASH\_\_\_\_\_CHECK\_\_\_\_\_

AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment for: Transcript \_\_\_\_ Diploma \_\_\_\_\_\_

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

For Official Use Only

Approval Code:\_\_\_\_\_\_\_\_ Order: \_\_\_\_\_\_ Batch: \_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ Sch: \_\_\_\_\_\_\_\_