



# OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST

VICTORY CHRISTIAN ACADEMY of ROANOKE RAPIDS, NC

Date Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allow one week's notice before transcripts will be sent out.

## STUDENT'S REQUEST

**Instructions for Students:** Please complete this form to request that your high school transcript be sent to the school(s) listed below.

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**Student's Full Name (while attending VCA):** \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone #: \_\_\_\_\_

Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR Last Attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Purpose:  College  Scholarship  Transfer  Other

**Note:** The first copy is free. Every copy after will be \$5.00 each.

**Mail/Fax Transcript To:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

**Mail/Fax Transcript To:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

**Mail/Fax Transcript To:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

I have accurately completed this information to the best of my knowledge and understand that I must submit \$5.00 per transcript with this form in order for the office to complete my request. Transcripts are mailed as soon as possible, unless there is an outstanding balance on the account.

**Student's Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if over 18 years of age)*

**Guardian's Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if student is under 18 years of age)*