



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.

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

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)