



REQUEST FOR TRANSCRIPT

- Official** (signed, with raised school seal, mailed in sealed envelope to receiving institution, OR given or mailed in sealed envelope to student/alumnus for inclusion with application materials)
- Unofficial** (may be unsealed, given to student/alumnus. Note: All faxed and emailed transcripts are unofficial)

Name: _____ Date of Birth: _____
 Class of: _____ Graduate? yes no if no, dates attended: _____
 Daytime Phone: _____ E-mail: _____
(optional – if provided, we will notify you when we mail your transcript)

Mail transcript to: Name/School _____
 Address _____

Fax transcript to: Name/School _____
 Address _____

Email transcript to: Name/School _____
 Address _____

Hold for pick up at School Office

Please include with my Academic Record:

- Co-Curricular Record
- Unofficial Test Scores (PSAT, SAT, Act, AP scores):
This includes all scores on the permanent test record.
 We do NOT include test scores with senior college application transcripts.

I authorize Naperville Christian Academy to release the information requested above.

_____ Date _____
 Signature of student/alumnus

Release of records is contingent on all financial accounts being current with the Business Office.

Please mail, fax or email completed and signed forms to:
 Registrar
 Naperville Christian Academy
 1451 Raymond Dr STE 200
 Naperville, IL 60563
 FAX:
 Email: office@ncaclassical.org

Transcripts are usually mailed with 1-2 business days after form is received
 There is no charge for transcripts.

Office Use:

Date form received: _____

Date mailed/faxed: _____

By: _____

Conf. card sent: _____ Returned _____