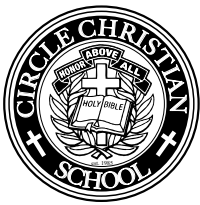


Transcript Request Form

The form on the following page is interactive. Simply complete the form and print a copy.

You may also download the form for future use.



REQUEST for OFFICIAL TRANSCRIPT

Type or print legibly or transcript processing may be delayed.

If this request is faxed, you must call the Records Office to verify that it has been received and is legible.

Transcripts will not be released until payment is received. Requests require two business days minimum to process.

For standard U.S. mail, please allow ten days for delivery.

Name: _____
Last First Middle Maiden/Previous if applicable

Birth date: ____ / ____ / ____

Graduate: __ Yes __ No Dates of Attendance or Year of Graduation: _____

CCS Student No., if known: _____ E-mail: _____

Daytime phone: _____ Cell phone, if different: _____

Current mailing address Street: _____

City, State, Zip _____

___ I would like the transcript(s) sent to me at my current address. ___ Number of transcripts to be sent.

___ I will pick up transcript(s) from the CCS Records Office. ___ Number of transcripts to be picked up.

___ I authorize the person named as 3rd party to pick up my transcript(s) but the designee must present photo ID.

3rd party person's name, if applicable: _____

___ Number of transcripts to be picked up.

___ I would like the transcript(s) to be sent to the address(es) listed below.

Additional addresses may be listed on a separate sheet. The Records Office is not responsible for an incorrect address provided on request form. Please check the address(es) for accuracy.

___ (Current seniors) Indicate if this request if for a *final transcript* to be sent after the current school year is complete.

___ Number of transcripts to be sent to:

___ Number of transcripts to be sent to:

Student's Signature: _____ Date: _____

Required by Federal Law Privacy Act. Transcripts will not be processed without required signature.

Total charges: \$3.00 per copy x _____ copies = \$ _____

Indicate method of payment: ___ Cash ___ Check ___ Credit Card (see credit card authorization on next page)

For security purposes, do not e-mail this information. This form should be hand delivered, faxed, or mailed.

Office use: Check # _____ / Cash _____ Total _____ Date _____ Confirmed _____

CCS Credit Card Authorization Form

This form is used to authorize Circle Christian School to make specific charges to your credit card account.
 If you would like to use this service, complete the form and submit to the Circle office.
DO NOT send credit card information via e-mail.
 You may also make payments online at www.circlechristianschool.org/payments.

Date:	
Family Name:	
Family Number:	
Give a description of what you want to charge:	Indicate the amount to be charged:
TOTAL:	

Card Type:	American Express	Master Card	Visa
Name as it appears on card:			
Billing Address:			
Zip Code:			
Card Number:			
Security Code:			
Expiration Date:			
Signature			

I AGREE TO PAY THE ABOVE TOTAL AMOUNT IN ACCORDANCE WITH THE CARD ISSUER AGREEMENT.