



COEUR D'ALENE CHARTER ACADEMY TRANSCRIPT REQUEST

TO REQUEST A TRANSCRIPT, COMPLETE THIS FORM AND RETURN TO THE REGISTRAR.

PLEASE PRINT

Student's First Name

Middle Name

Last Name

Student's Street Address

City

State

Zip

Student's Home Phone

Student's Date of Birth

INDICATE THE RECORDS REQUESTED:

Transcript of Grades

Purpose of request:

- For college admission
- For scholarship application
- For other purposes

Please include:

- ACT Scores
- SAT Scores
- Advanced Placement Scores
- Other: _____

RELEASE THE RECORDS INDICATED ABOVE TO:

College/School: _____

Address: _____

Phone/Fax: _____

DATE records need to be received by: _____

SPECIAL INSTRUCTIONS (if applicable): _____

SIGNATURE _____ DATE _____

****Valid only if signed by an adult (student 18 years of age or older, or parent/legal guardian of student if under 18 years of age).**

For office use only:
Date Received _____ Date Sent _____

INDICATE ADDITIONAL RECORDS REQUESTED:

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