



# COEUR D'ALENE CHARTER ACADEMY TRANSCRIPT REQUEST

## PLEASE PRINT

STUDENT'S FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER	DATE OF BIRTH	YEAR OF GRADUATION

**OFFICIAL TRANSCRIPT** – SEALED ENVELOPE WITH RAISED SEAL ON TRANSCRIPT (FOR COLLEGES)

**UNOFFICIAL TRANSCRIPT** – NO ENVELOPE AND NO RAISED SEAL OR SIGNATURE (FOR INDIVIDUALS)

### TRANSCRIPT SHOULD BE:

- MAILED
- FAXED
- PICKED UP

### PURPOSE OF REQUEST:

- COLLEGE ADMISSION
- SCHOLARSHIP APPLICATION
- OTHER: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

\*\*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).

Return form to:  
Julie Wasson - Counselor  
Email: [jwasson@cdacharter.org](mailto:jwasson@cdacharter.org)  
4904 N Duncan Drive  
Coeur d'Alene, ID 83815  
Phone: 208.676.1667  
Fax: 208.930.4215

Office Use Only

Date Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_

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