



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:
Terri Walker – Student Records
Email: twalker@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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