

Heritage Christian Academy
Transcript Request Form

Name _____ Year of Graduation _____

Send to:

College or Business Name _____

Address _____

City, State, and Zip Code _____

Email Address if this Delivery Method is
Preferred _____

Please note the address must be included in order for a transcript to be
mailed.

Date Completed and Mailed/Emailed: _____

Initials of Guidance Counselor Indicating Completion: _____

Allow three business days for transcripts to be mailed or emailed when
school is in session. During scheduled holidays or summer break, allow
seven business days for transcripts to be mailed or emailed.