

River Crest Academy | P. O. Box 325 Hope Hull, AL 36043

TRANSCRIPT REQUEST FORM

Please allow four weeks for preparation of transcripts, not including mailing.

	There will be a \$20.00 fee for			
Request Date	:	Requesting:	MAIL	PERSONAL RECORDS
Date Needed:		Reason:	MOVING	TRANSFERRING
Student Name:		Current Grade	e:	
Parent's Nam	e:			
Daytime Phone:		Email:		
Request Trans	scripts be sent to:			
(1)		(2)		
Office Use Only:				
Date Rec'd: Date Sent		Prepared by:		
When	submitting a Transcript Request Form:			
	Attendance records must be current.			
	All fees must be paid in full.			
	A list of all classes taken $9^{th} - 12^{th}$ grade along with their grades for that class.			
	Fill out the Transcript Request Form, giving River Crest Academy 4 weeks' notice.			
	Copy the completed Transcript Request Form for your records.			
6.	6. Mail the original Transcript Request Form to this office at:			
	River Crest Academy P. O. Box 325			
	Hope Hull, AL 36043			
7	If this is a "rush" request (less than two week	rs notice) nlease	include \$20.00	0
,.	If this is a Tush Tequest (less than two week	as notice), picase	ποιασο ψ20.00	
Parent Signature			Date	
Student Signature			Date	