

EVANGEL CHRISTIAN SCHOOL

TRANSCRIPT DISTRIBUTION REQUEST

Instructions:

- ✦ Complete one form for each Transcript to be delivered to institution of higher learning.
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STUDENT INFORMATION

Name: _____
(As it appears on Social Security Card) (First) (Middle) (Last)

Birth Date: ____/____/____ Sex: _____ SS#: _____ - -

PARENT INFORMATION

Name(s) (as to appear on transcript): _____

Address: _____ City: _____ ST: ____ Zip: _____

INSTITUTION INFORMATION

(To which transcript to be distributed)

Name of institution: _____

Department: _____

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Address: _____ City: _____ ST: ____ Zip: _____

Check one: Official Transcript Unofficial Transcript

Father's Signature: _____ Mother's Signature: _____

Date: _____ Date: _____

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EVANGEL CHRISTIAN SCHOOL

HOMESCHOOLING TO TRANSFORM THE CULTURE FOR CHRIST
-A MINISTRY OF EVANGEL PRESBYTERIAN CHURCH-
1/17/2008