

New Creation Christian Academy
425 Lake Dow Road
McDonough, GA 30252
770-898-9728

TRANSCRIPT REQUEST

No. of Copies: _____

Date: _____

Name: _____

Year of Graduation: _____

\$5.00 Paid

Bookkeeper processed

Your Address:

Phone:

Institution you wish to receive transcript:

NAME

ADDRESS

Transcript to be: Mailed - Now End of Semester Final

Picked up on: _____

Transcripts will not be released until all accounts are clear and approved by the Business Office. Current students may request up to five transcripts which are free. Additional transcripts are \$5.00 each. Students requesting a transcript after withdrawal or July of the year they graduated will be charged \$5.00 for each transcript.

*******REQUEST TO BE MADE SEVEN TO TEN DAYS IN ADVANCE*******

Parent Signature _____

Student Signature _____

Student SS# _____