

**TRANSCRIPT REQUEST FORM**

*Chisholm Trail Academy*

*P.O. Box 717*

*Keene, TX 76031*

(817) 641-6626 ♦ Fax (817) 556-2009

Please note that transcripts may not be released until your account has been paid in full.

**Please mail or fax your request to the address above.**

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

May we update your information in our alumni files? **YES** **NO**

Delivery instructions: \_\_\_\_\_ student will pick up or \_\_\_\_\_ mail my transcript to the following address

**Send OFFICIAL TRANSCRIPT to:**

Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Office Use:

Date received in office: \_\_\_\_\_

Transcript sent out: \_\_\_\_\_

**ACCOUNT CLEAR: YES NO**

Treasurer: \_\_\_\_\_