



LIFE CENTER ACADEMY ALUMNI TRANSCRIPT REQUEST FORM

Name: _____ College Application Deadline: _____

Email address: _____ Year of Graduation: _____

Cell Phone Number: _____ Daytime Phone Number: _____

Return this form to the school and mark "Transcript Request" on the envelope. Failure to fill this form out **completely** will result in a delay in processing. (We require a minimum of 2 school days for transcripts and 2 weeks for transcripts that have school reports or letters for the counselor to complete.)

Transcript Fee- \$3.00 per transcript* _____ Check _____ Cash

(Due with request, transcript will not be mailed until payment is received.)

To expedite your request payment can be made with a credit card on the phone (609-499-2100)

*Fee in effect after one year of graduation

Is there a School Report for the counselor to complete? _____ Yes _____ No

Complete the name and address of the college where the transcript needs to be sent.
Use one form for each request.

College Name: _____

Address: _____

You will be notified by email when your transcript has been mailed from the Guidance Office.

Signature

(For Guidance Office Only)

Transcript Mailed By

Date Postmarked