

REQUEST FOR OFFICIAL TRANSCRIPT TO BE SENT

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

I hereby request and authorize Christian Fellowship School to send my transcript to:

\_\_\_\_\_  
Department (Admissions, Scholarship, etc.)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Signature of Parent/Guardian or Eligible Student (age 18 or older)

\_\_\_\_\_  
Date