FINAL TRANSCRIPT REQUEST FORM
Timothy Christian High School

Please print neatly– complete items 2, 4, and 7.

1. Today's Date: June, 2010

2. Student Name: _____

3. Guidance Counselor *(Circle One)*: Mrs. David *(A-K)* Mrs. Raley *(L-Z)*

4. Send transcript to:

Name of Institution:_____
Attention: _____
Street Address: _____
City: _____ **State:** _____ Zip Code:_____

5. Check one:
__**X**__Send transcript ONLY.

6. Include the following standardized test scores:

ACT test: _____
(month/ year)
SAT I test: _____
(month/ year)
SAT II Subject test:
subject _____ (month/ year) subject _____ (month/ year)

AP Test(s):
subject _____ subject _____

7. Signed: _____
(Student Signature)

For office use only:

Date received_____
Secretary_____
Registrar_____
Counselor_____
Person who sent_____
Date sent_____

Special Notes: **FINAL**