

**REQUEST FOR OFFICIAL TRANSCRIPT  
OFFICE OF COLLEGE GUIDANCE**

**Caldwell Academy  
2900 Horse Pen Creek Road,  
Greensboro, North Carolina 27410  
336-665-1161 Fax 336-665-1178**

<b>Business Office Use Only</b>	
Approved _____	Date _____
Denied/Unofficial Copy only _____	
Approved by _____	

<b>Guidance Office Use Only</b>	
Date Received _____	
Date Processed _____	
Paid (cash/check#) _____	

- This form will be used for mailing purposes. Please PRINT and complete all appropriate sections.
- Attach a separate sheet with additional addresses when requesting multiple mailings. If you would like a copy for your self, please include your current address.
- Include a Transcript Fee of \$5.00 per copy: *(Fee waived for currently enrolled students.)*
- Checks should be made out to:  
**Caldwell Academy**
- A transcript will not be issued if student is not in good standing(e.g. financial).
- Normal processing time is 5 working days.

Are you currently enrolled at Caldwell Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, when did you last attend? \_\_\_\_\_  
What year did you graduate? \_\_\_\_\_

Total number of Transcripts requested \_\_\_\_\_

***Student records are confidential and transcripts are issued only on the written request of the student.***

\_\_\_\_\_  
Signature Date

**Send Transcript(s) To:**  
Please print plainly

Please print your legal name (First, Middle, Last)  
As it should appear on your transcript

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
State                      NC                      Zip

\_\_\_\_\_  
Phone

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name \_\_\_\_\_  
(If applicable)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_