

Official Transcript Request Form

For Dr. D.D. Brown Christian Academy of Hope

Date transcript request Received. _____ Payment received – Cash or money order only _____.

Equal Opportunity Schools Processed on: _____ Mailed on _____

Last Name _____ First Name _____ Maiden/Other Names Used _____

Social Security Number _____ Enrollment Dates (MM/YY-MM/YY) _____ Graduation Date _____

Daytime Telephone # _____ E-mail Address _____

Nonrefundable Transcript Fee: \$15 for the First Transcript \$2.00 for each additional copy.

Please allow seven to ten business days for your transcript to be processed

Address to where the transcript should be sent:

Student's current address and Telephone number:

Employee Receiving the Request _____ Date _____

Please Print your name

Sign your Name.
Copy of your diploma or graduation date