CROSS RIVER ACADEMY
P. O. BOX 1412
ALABASTER, AL 35007
(205) 685-5988 PHONE
205-621-0600 FAX

Date Rec'd:

205-621-0600 FAX TRANSCRIPT REQUEST FORM Please allow four weeks for preparation of transcripts, not including mailing. There will be a \$20.00 fee for less than two weeks notice. Request Date: Requesting: MAIL PERSONAL RECORDS Date Needed: MOVING Reason: TRANSFERRING Student Name: Current Grade: Parent's Name: Daytime Phone: Email: Request Transcripts be sent to: (1) (2) When submitting a Transcript Request Form: 1. Report Cards & Fees **must** be up to date for a current transcript. 2. Attendance records must be current. 3. If student has previously graduated, please include \$5.00 per copy requested. 4. Fill out the Transcript Request Form, giving this office 4 weeks notice. 5. Copy the completed Transcript Request Form for your records. 6. Mail the original Transcript Request Form to this office at: **Cross River Academy** P. O. Box 1412 Alabaster, AL 35007 7. If this is a "rush" request (less than two weeks notice), please include \$20.00. **Parent Signature** Date Office Use Only:

Date Sent:

Prepared by: