

Cahawba Christian Academy
2415 Montevallo Road; Centreville, AL 35042
205-926-4676 ~ cahawbamaill@yahoo.com

REQUEST FOR TRANSCRIPTS

Transcripts and education verifications may be requested by mail, fax, or in person. After graduation, a fee of \$10.00 per transcript is payable to Cahawba Christian Academy by cash, check, or money order. (Please allow 7-10 days for processing.)

Student Name: _____ **Date of Birth:** _____

Current Name, if Different from above: _____

Telephone Number: _____ **Email:** _____

Did you Graduate? ___ Yes ___ No

If Yes, Year of Graduation: _____ **If No, List Years Attended:** _____

Documents Needed: (indicate # of each on lines provided)

_____ **Official Transcript** (signed, embossed with CCA seal; in sealed envelope)

_____ **Transcript – Faxed**

_____ **Other (explain)** _____

Send Transcripts by: _____ **Fax** ATTN: _____

Fax #: _____

_____ **Mail** Name/Dept: _____

Company/School: _____

Address: _____

City/State/Zip: _____

(For more than one address, attach additional sheet(s) as needed.)

_____ **Pickup** at Cahawba Christian Academy (Parent/guardian or student only.)

Signature: _____ Today's Date: _____

Cahawba Christian Academy
2415 Montevallo Road; Centreville, AL 35042
205-926-4676 ~ cahawbamaill@yahoo.com

Office Use Only

_____ Cash / Money Order Paid To (Initials): _____ Date Paid: _____ Date sent: _____