



# TRINITY CHRISTIAN SCHOOL

200 Trinity Road  
Dublin, Georgia 31021  
(478) 272-7699  
Fax (478) 272-7685

## Transcript Request Form

Student's Name: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

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

### Records are being sent to:

Name of College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*\*Additional requests may be written on next page.*

Scholarship for which you are applying: \_\_\_\_\_  
(if applicable)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Will pick up      \_\_\_\_\_ Mail

\_\_\_\_\_ Official      \_\_\_\_\_ Unofficial

**FOR SCHOOL USE ONLY:**    **HELD / SENT**                      **DATE:** \_\_\_\_\_                      **INITIALS:** \_\_\_\_\_

**Req2**→Name of College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Scholarship for which you are applying: \_\_\_\_\_  
(if applicable)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Req3**→Name of College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Scholarship for which you are applying: \_\_\_\_\_  
(if applicable)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Req4**→Name of College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Scholarship for which you are applying: \_\_\_\_\_  
(if applicable)

Additional Information: \_\_\_\_\_

\_\_\_\_\_