



Crossroads Christian School

TRANSCRIPT REQUEST

PERSONAL INFORMATION Please print clearly.

Date Received in Office: _____

First

Middle

Last

Other

Date of Birth

Cell Phone

Email Address

STUDENT SIGNATURE REQUIRED

No official transcript is issued to or for a student who is indebted to the school until the account is paid.

Student Signature

Date

Number of Transcripts Requested: _____

Send transcripts Now Hold for grades

Not currently enrolled?

Year of Graduation/Exit: _____

Mail to #1

College or School

Department or Individual (if any)

Street Address

City, State Zip

Mail to #2

College or School

Department or Individual (if any)

Street Address

City, State Zip

Mail to #3

College or School

Department or Individual (if any)

Street Address

City, State Zip

Fax to:

Name

Fax Number

Email to:

Name

Email Address

Please allow 3-5 business days for processing from the time it is received in our office.

Options for submission of form:

- Fax the completed Transcript Request Form to (252) 431-0333.
- Hand deliver it to the school.
- Download it from the CCS website, complete it, and email it as an attachment to kchoplin@ccscolts.org.
- Mail a copy to the school at PO Box 249, Henderson, NC 27536.

NOTE:

- Transcripts should be sent to your college after your application & fees are submitted.
- SAT and/or ACT scores are included on your transcript.