



"Changing Our World, One Diploma at a Time."

Request for Transcript

Date submitting request _____

Student Name _____
(Make sure to include your maiden name)

Address _____
(street) (city) (state) (zip)

Student Phone _____ Date of Birth _____

Year of Graduation or Last Year of Attendance _____

Please send transcripts to the following school (s):
(Students: Please provide address for all out of state schools.)

Name of College _____

Address _____
(street) (city) (state) (zip)

Name of College _____

Address _____
(street) (city) (state) (zip)

**** When making a transcript request, please allow the guidance office two weeks and the college/university three weeks to process. Transcript should be requested well in advance to avoid any conflicts! ****

Student Signature _____

1708 N. 60th AVENUE • HOLLYWOOD, FLORIDA 33021 • PHONE (954) 322-4375 • FAX (954) 322-4383

www.hollywoodchristianschool.org

Accredited by:

FLORIDA ASSOCIATION OF CHRISTIAN COLLEGES AND SCHOOLS