



*"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. 60<sup>th</sup> AVENUE • HOLLYWOOD, FLORIDA 33021 • PHONE (954) 322-4375 • FAX (954) 322-4383

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