



Chapelgate Christian Academy
Guidance Department
(410) 442-5888 ext. 111
ntoczykowski@chapelgateacademy.org

ALUMNI TRANSCRIPT/SCHOLARSHIP REQUEST FORM

Name: _____ Year of Graduation: _____

Email: _____ Phone #: _____

Return this form to the school when completed. We require a minimum of 2 school days (during the school year) for transcripts to be processed and mailed. During the summer, we require a minimum of one week to process and mail.

Transcript Fee- \$4.00 each _____ Check _____ Cash
(Due with request, transcript will not be mailed until payment is received.)

*SAT, ACT, and AP scores must be sent directly by the student from the College Board or ACT.

Complete the name and address of the college/scholarship where the transcript needs to be sent. Use one form for each request.

College Name: _____

Address: _____

You will be notified by email when your transcript has been mailed from the Guidance Office.

Signature

(For Guidance Office Only)

Transcript Mailed By

Date Postmarked