



Chapelgate Christian Academy  
Guidance Department  
(410) 442-5888 ext. 164  
dcahill@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