



FOUNDATION ACADEMY

BUILDING A FOUNDATION FOR LIFE

TRANSCRIPT REQUEST

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Date Requested _____

Student Name _____ Class of _____
(please print first and last)

Please prepare my official transcript for (college/scholarship name and complete address):

Please send my SAT Scores: Date of Test _____

Please send my ACT Scores: Date of Test _____

Please send Teacher Recommendations from the following teachers (Don't forget to ask your teacher to write your recommendation letter!):

Teacher: _____

Teacher: _____

I understand my transcript will be sent within 10 working days.

Signature of Student Date _____

Signature of Parent if parent is making the request Date _____

*Transcripts picked up and mailed by the student/parent are free of charge

*Transcripts mailed by Foundation Academy will be sent Certified mail and will be charged a \$4 fee

*Transcripts for Alumni will be mailed at no charge

FOR OFFICE USE ONLY

Picked Up By _____ Pick Up Date _____ Mailed By _____ Mailed Date _____ \$4 fee _____