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*"Making an
Eternal Difference"*

REQUEST FOR TRANSCRIPT

DATE _____

STUDENT'S NAME _____

ADDRESS _____

REQUEST IS HEREBY MADE FOR A TRANSCRIPT OF THE ABOVE NAME STUDENT
WHO IS TRANSFERRING FROM YOUR SCHOOL.

PLEASE INDICATE THE FOLLOWING:

- _____ Office Administrative Records (name, address, birthdate,
grade level, academic grades)
- _____ Academic Records
- _____ Standardized Achievement Scores
- _____ Health Records
- _____ Discipline Records
- _____ Special Education Records

Thank you for your cooperation,
Praise Christian Academy

Mary Ann Jacobs,
Administrator

I hereby authorize all records pertaining to my child - _____

to be released by _____
(School last attended)

(Address)

and sent to Praise Christian Academy.

DATE _____

(Signature of Parent/Guardian)