

# Decatur Heritage Christian Academy

## Request for Transcript

Please allow 3 school days for your transcript to be sent. Be sure to submit your request in sufficient time to allow for processing.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Please send transcript to:  
(Provide complete address)

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Please include my ACT/SAT scores: \_\_\_\_\_ (Which test) \_\_\_\_\_ (Date of Test)

Fax Number (if to be faxed): \_\_\_\_\_

Please note: The first 10 transcripts will be free of charge, additional copies are \$5.00 each.

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Date Sent Request taken by