# RELEASE FOR TRANSCRIPTS

**For Office Use Only**

**Recv'd by: _____**

**Date Request Recv'd: _____**

**Date Request Sent: _____**

INSTRUCTIONS TO APPLICANT: Mail this request to American Heritage Academy. One (1) official copy of your transcript will be mailed or faxed to the **school** address/fax # that you provide below, official transcripts will not be released to an individual.

**PLEASE PRINT**

**Student Name** _____
**(Full legal name)** **Last** **First** **Middle** **Former**

**Social Security Number** _____ **Date of Birth** _____

**Address** _____
**Street / P.O. Box** **City** **State** **Zip**

**Telephone** __(_____)_____(_____)_____(_____)_____
**Home** **Work** **Cell**

**Please mail an OFFICIAL transcript of my record to:** _____
**School Name (ONLY, will not be submitted to an individual)**

_____
**Street Address**

_____
**City, State & Zip**

__(_____)_____
**School Fax #**

**I attended your school from** _____ **to** _____ **Grade while attending** _____ **Student #:**_____

_____ _____
**Signature** **Date**