

Transcript Request Form



Student Name: _____

College Name	Mailing Address/Email of Admissions Department, Name of Admissions Contact (if applicable)	Due Date Requested	EA/ED/REG/ PRIORITY	CommonApp Y/N

I _____ give The Summit Academy permission to send a copy of my official transcript to the name and address identified above.

Requestor's Signature: _____

Date: _____

**Please allow 5-7 business days for processing.
Expedited Requests will require a \$50 Transcript Fee.**