



High Point Christian Academy

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ALUMNI TRANSCRIPT REQUEST FORM

PLEASE SUBMIT **TWO WEEKS** BEFORE YOU WISH TO HAVE TRANSCRIPTS
SENT TO A COLLEGE OR RETURNED TO YOU
\$3.00 PER TRANSCRIPT: Checks can be made to HPCA

Name: _____

Date of Request: _____

Date Needed (do not put ASAP): _____

Year of High School Graduation: _____

Item(s) needed:

_____ OFFICIAL TRANSCRIPT

_____ COUNSELOR FORM (please attach to transcript request form)

_____ UNOFFICIAL COLLEGE TEST SCORES: **SAT ACT** (CIRCLE SCORES REQUESTED)

_____ OTHER: _____

ADDRESS OF SCHOOL OR INDIVIDUAL NEEDING TRANSCRIPT

ADDITIONAL INFORMATION:

For Office Use Only:

Date Received: _____ Date Mailed: _____

Comments: _____
