



# Permission to Release Academic Transcript

Legal Name While Attending: \_\_\_\_\_

Current Legal Name (if different): \_\_\_\_\_

Birthday: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### Transcript Type:

- Unofficial
- Official (Signed and Sealed)

Transcripts prior to the 2017 graduating class will not include SAT or ACT test scores. To obtain scores, please go to [www.collegeboard.org](http://www.collegeboard.org) or [www.act.org](http://www.act.org).

### Delivery Information:

- Mail to College/University/Scholarship Organization

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

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- Mail to my current address:

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- I will pick up.

-Please bring a picture ID with you.

-Note: Official Transcripts must remain sealed until delivered to the organization. If opened prior to delivery, it becomes an unofficial transcript.

- Other (please explain): \_\_\_\_\_

I authorize Pikes Peak Christian School to release my transcript(s) to the above requested locations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (for current students only)

\_\_\_\_\_  
Date

Please mail/send this completed and signed request form to:

Pikes Peak Christian School  
 Attention: Academic Counselor  
 5905 Flintridge Drive  
 Colorado Springs, CO 80918  
 Fax: 719-598-1491  
 Email: [info@ppcseagles.org](mailto:info@ppcseagles.org)

**Christ Centered Excellence**  
**Outstanding Preparation for College and Life**