



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 or 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 this completed and signed request form to:

Pikes Peak Christian School
Attention: Academic Counselor
5905 Flintridge Drive
Colorado Springs, CO 80918

Christ Centered Excellence
Outstanding Preparation for College and Life