



Student Transcript Request Form

Student Name at time of attendance: _____

Date of Graduation: _____

If student did not graduate, please list dates of attendance: _____

Current address: _____

Daytime phone number: _____

Email address: _____

Transcript to be sent to (please include name and address):

Official? Unofficial?

Attention to: _____

Signature: _____ Date: _____

Incomplete transcript request will not be processed. Please complete all of the fields.

CURRENT SENIORS – If you need a transcript for college/financial aid applications during the school year: Submit this form to Mrs. Thompson, Dean of Student Affairs, sharlenethompson@smcaemail.com

Fax form to 301-934-2855, e-mail to adrienneglita@smcaemail.com, drop off at main office, or mail to:
Southern Maryland Christian Academy, PO Box 1668, White Plains, MD 20695
Attention: Transcript Request

Date mailed: _____ By: _____