



**Cornelia
Connelly
School**

TRANSCRIPT REQUEST FORM

Please note:

- This form may be submitted by mail, facsimile, or in-person.

- Please provide all required information and print legibly.
- Transcript requests will be processed within approximately two working days.
- Transcripts become unofficial if seal is broken.

For Office Use Only	
<input type="checkbox"/> Picked Up	Date: _____
<input type="checkbox"/> Faxed	
<input type="checkbox"/> Mailed	

For Current Students:

- Please provide an envelope with ONE stamp, addressed to the school(s) listed below.
- There is no transcript processing fee for current students.

STUDENT INFORMATION

Last Name		First Name		M.I.	Date of Birth
Mailing Address		Telephone Number			
		()			
City	State	Zip		Fax Number - if applicable	
		()			
Cornelia Connelly Enrollment Date	Month/Year of Graduation	E-mail Address			
/	/				

TRANSCRIPT PROCESSING INFORMATION

Number of Copies _____	Type of Processing – Charges DO NOT apply to CURRENT students. <input type="checkbox"/> Unofficial copy of transcript – \$3.00 per copy <input type="checkbox"/> Official Transcript - \$5.00 each copy <input type="checkbox"/> RUSHED Official Transcript - \$10.00 each <i>*requests will not be processed if financial obligations to Cornelia Connelly School have not been met.</i>	Transcript to be <input type="checkbox"/> Picked Up <input type="checkbox"/> Faxed (unofficial only) <input type="checkbox"/> Mailed <input type="checkbox"/> E-mailed to College link (as PDF)
Mailing Address for Transcript(s):		Additional mailing addresses
<input type="checkbox"/> Common Application School 1.) Contact (i.e., Admissions Office) School Name / Institution Street Address City State Zip Code <input type="checkbox"/> Common Application School		<input type="checkbox"/> Common Application School 3.) Contact (i.e., Admissions Office) School Name / Institution Street Address City State Zip Code <input type="checkbox"/> Common Application School
<input type="checkbox"/> Common Application School 2.) Contact (i.e., Admissions Office) School Name / Institution Street Address City State Zip Code		<input type="checkbox"/> Common Application School 4.) Contact (i.e., Admissions Office) School Name / Institution Street Address City State Zip Code
Please sign to authorize release of the transcript(s)		Method of Payment
_____ <i>Student's Signature</i>		Cornelia Connelly School does not bill for transcript fees. Your request will be returned if no payment is included. Transcript requests will be processed once payment is received. Checks and money orders should be payable to "Cornelia Connelly School." DO NOT SEND CASH. CREDIT CARDS ARE NOT ACCEPTED. Check Number: _____ Amount: _____ Cash: _____ Amount: _____
_____ <i>Date</i>		