

Provide a self-addressed stamped envelope for each requested transcript.

TRANSCRIPT REQUEST
72 HOURS REQUIRED FOR PROCESSING



Counselor Report:

- Five transcripts are available to current students at no cost; additional transcripts are \$5.00 per request.**
- Alumni of one year or more - \$5.00 per request. Please make checks payable to OVCA.**

Name _____

Address _____

Telephone # _____ Email _____

Attended _____

Graduating Class of _____

Date Requested	College or Institution (Name/Address)	Initials Admin / Counselor		Date Sent
\$				
\$				
\$				
\$				
\$				

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TRANSCRIPT REQUEST

72 HOURS REQUIRED FOR PROCESSING



Please print official transcripts for the following:

College/University: _____

College/University: _____

College/University: _____

Mail transcript: Now End of Semester After Graduation Give to Student

Date(s) mailed: _____

Please print official transcripts for the following:

Scholarship: _____

Address: _____

City/State/Zip: _____

Mail transcript: Now Give to Student FAX

School Name: _____ FAX# _____

Attention: _____ Date Processed: _____

I authorize Ocean View Christian Academy to include the following test scores on my transcript:

SAT II Subjects

Test Date			Test Date	

Community College Classes

Date			Date	

SAT I Reasoning

ACT

Test Date	Test Date

GPA _____

CLASS RANK _____

STUDENT NAME (please print) _____

Signature _____ **Date:** _____