

Cedar Park Christian Schools TRANSCRIPT REQUEST

msc.admin/transri/transcriptrequestform rev 9-19

- **IMPORTANT:** Please provide a stamped, addressed #10 (long) envelope for each transcript requested, with the return address of the applicable campus:

Cedar Park Christian School
16300 - 112th Ave. NE
Bothell, WA 98011

OR

Cedar Park Christian School
17931 – 64th Ave. West
Lynnwood, WA 98037

- **CHARGE:** First four free - \$1.00 each for additional copies
- **SUBMIT** form along with envelope and payment, if applicable, to the appropriate campus. (Current **BOTHELL** campus students submit directly to the Finance Office.)

① STUDENT'S FULL NAME (while attending CPCS): _____

② STUDENT'S EMAIL ADDRESS: _____

③ BIRTH DATE: _____ DATE of request: _____

④ CAMPUS: Bothell Everett Independent Study Mountlake Terrace/Lynnwood
(including SCCS/NSCS)

⑤ SELECT ONE: **CURRENT STUDENT** - grade: _____

ALUMNI - year graduated: _____

ATTENDED, BUT DID NOT GRADUATE FROM CPCS - last year attended: _____

⑥ SELECT TYPE OF TRANSCRIPT REQUESTED: Official Unofficial

⑦ DELIVERY METHOD: U.S. Mail Student will pick up Electronic (Unofficial only - Provide instructions below)

⑧ COLLEGE NAME & _____
COMPLETE ADDRESS: _____

***** NOTE: SAT & ACT scores cannot be printed on transcripts.**

To request SAT/ACT scores, contact The College Board at 1-609-771-7600 or www.collegeboard.org
Cedar Park Christian School Code: 480102 Mountlake Terrace (& North Sound) School Code: 480653

IMPORTANT: FINAL YEAR-END TRANSCRIPTS MUST BE REQUESTED SEPARATELY

⑨ Special Instructions, if any: _____

⑩ _____
Signature – **must be signed by parent** unless student is 18 or older

⑪ _____
Phone

| | | |
|-----------------|-----------------------------|------------------------|
| For office use: | Date approved: _____ | Finance Office: _____ |
| | Date transcript sent: _____ | Staff signature: _____ |