



Central Christian School
3613 Hey 34 East • Sharpsburg, Georgia 30277
Phone 770-252-1234 • Fax 770-304-9576
www.cccrusaders.com

School Transcript/Records Request

Please complete and return this form, the Legal Release Form, copy of Picture ID, and fee of \$5.00 per transcript (cash or money order only). Documents may be mailed to the above address or delivered in person. We will call for payment prior to release of records. Credit Card only.

Date: _____

1. Name (include maiden name and any other names used in school)

2. Date of Birth _____

3. Date of Graduation _____ Date of Withdrawal _____ Last Grade _____

4. Transcripts Only _____ Transcript & SAT Scores _____ All Student Records _____

5. Number of copies needed _____ @ \$5.00 each Total \$ _____

6. Please provide name and addresses of the college, agency, or person to receive documents:

A. _____

B. _____

7. Signature of authorized person (student if 18 or older) _____

8. **ID** (Please attach a copy)

___ Driver's License ___ Social Security Card ___ Passport ___ Birth Certificate

9. Phone number _____ Address _____



Central Christian School
3613 Hey 34 East • Sharpsburg, Georgia 30277
Phone 770-252-1234 • Fax 770-304-9576
www.cccrusaders.com

For Records Department Only

Exempt from Fee (reason) _____

Amount Paid \$_____ Check ___ Cash ___ Money Order ___ Date Received _____

Number of Documents Mailed ___ Date _____ Picked Up ___ Date _____

Legal Release for School Transcripts

Date: _____

I, _____ release Central Christian Schools from any legal obligation due to the release of my school records.

I attest that these are my school records and that they will be used to further my education or establish my identity.

Signature of Student/Guardian

Date: _____

Type of ID presented: _____