

TRANSCRIPT REQUEST
SABCS Student or Graduate

**ALLOW 1 WEEK BEFORE DEADLINE FOR PROCESSING
IT IS THE RESPONSIBILITY OF THE STUDENT AND PARENT/GUARDIAN TO MEET ALL DEADLINES**

Your Name: _____ Today's Date: _____

College/Scholarship Name: _____

1. **TRANSCRIPT:** Select transcript(s) needed.

() Official Transcript mailed to the address below:

Mailing Address: _____

() Official Transcript sealed in envelope for pickup.

() Copy of Transcript sent electronically to: _____
Email address

2. **DOCUMENTS REQUESTED:**

() Official copy of my high school transcript

() SAT / ACT scores

() Recommendation

() Other: _____

() Other: _____

3. Deadline for postmark, if any: _____

4. Please include any additional instructions:

For Office Use: Date Processed: _____ Mail Electronic Picked up
() Transcript () Test Scores () Other: _____

**“Train up a child in the way he should go, and when he is old he will not depart from it.” Proverbs 22:6
SCISA Accredited ♦ SCACS and AACCS Member**