

**TRANSCRIPT REQUEST**  
**Aiken/Adelphi Christian School**

**INCLUDE THIS FORM and \$2.00 FOR POSTAGE AND PROCESSING**

**Mail to: South Aiken Baptist Christian School,  
Attn: Tonya Bryant  
980 Dougherty Road, Aiken, SC 29803**

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

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other name used for records (maiden, etc.) \_\_\_\_\_

**I hereby authorize release of my high school transcript.**

**SIGNATURE:** \_\_\_\_\_

Choose one:

- ( ) I would like to pick up an unofficial copy of my transcript.
- ( ) Send an official copy of my high school transcript, test scores, and other information necessary to complete my application to:

School / Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Deadline for postmark, if any: \_\_\_\_\_

Please include any additional instructions:

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