



# Solid Rock Academy

106 Commerce Street • Fayetteville, Georgia 30214 • (770) 997-9744. Fax: (770) 997-0061

## TRANSCRIPT/RECORDS REQUEST FORM (Return form via mail, fax, or in person to address above)

FIRST NAME MIDDLE NAME LAST NAME MAIDEN NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY) DAYTIME PHONE NUMBER

STREET OR P.O. BOX CITY STATE ZIP

SIGNATURE OF STUDENT DATE (MM/DD/YY)

SIGNATURE OF PARENT OR GUARDIAN (IF STUDENT IS A MINOR) DATE (MM/DD/YY)

\*This request must be signed and dated no more than ten days prior to being received by Solid Rock Academy.

### MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP

### MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP

### MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)

Number of Copies Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP

### PERSONAL PICK-UP

Number of Copies Requested: \_\_\_\_\_

Date and time you will pick up: \_\_\_\_\_  
(You must have a valid ID to personally pick up a transcript.)

### ENROLLEMENT INFORMATION

Presently Enrolled: Yes \_\_\_\_\_ No \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If so, what year? \_\_\_\_\_

If not, list the month and year last attended: \_\_\_\_\_

### PURPOSE OF TRANSCRIPT:

College \_\_\_\_\_ Employment \_\_\_\_\_ Student Copy (unofficial) \_\_\_\_\_

Other: \_\_\_\_\_

### PROCESSING TIME AND FEES:

Seven business days shall be allowed for the processing of a student transcript prior to pick-up or mailing.

First transcript request will be free, second transcript request and thereafter will be \$5.00 increments per request. Payment must be received before transcripts will be processed.

### AUTHORIZATION FOR RELEASE OF RECORDS:

By checking this box and signing above, I do hereby consent to the release of any information pertaining to my academic records and/or activities while I attended Solid Rock Academy. I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action which might arise resulting from the release of that information.

### FOR OFFICE USE ONLY

Date Requested: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

\*Check # \_\_\_\_\_  Money Order \_\_\_\_\_  Cash \_\_\_\_\_

Date Transcript(s) Sent: \_\_\_\_\_