



**ORANGEWOOD
ACADEMY**

Request for Transcript

Student Name: _____ Date of Birth: _____

Please send a transcript of my grades to the following school(s):

School: _____

Address: _____

School: _____

Address: _____

Please send:

_____ Within 5-10 business days **\$5.00** charge for each transcript sent _____ *Paid*

_____ After semester grades are posted **\$5.00** charge for each transcript sent _____ *Paid*

_____ After end-of-year grades are posted **\$5.00** charge for each transcript sent _____ *Paid*

_____ **RUSH**, 1-3 business days **\$15.00** charge for each transcript sent _____ *Paid*

Signature of Student, Parent, or Legal Guardian

Date

For office use only:

Date request received _____

Date sent _____