

*Turnaround time 5-7 business days required!

**Allow 2 weeks for counselor forms!

UNION ACADEMY TRANSCRIPT REQUEST FORM

Date & Time Received: _____
Application Due Date: _____

Name: Last	First	Middle Initial	Current Grade _____	Graduation Year _____
Date of Birth:	Phone No.	No transcripts will be mailed for students! Do not open sealed transcripts!		**Counselor Form sent online. **Counselor Form attached.

Transcript to: Institution/Scholarship _____
 Street Address _____
 City/State/Zip _____

Transcript to: Institution/Scholarship _____
 Street Address _____
 City/State/Zip _____

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 Street Address _____
 City/State/Zip _____

No. Ordered / Purpose: _____ Unofficial Transcript (Personal Use) _____ Official (For College admissions, ID verification, etc. must have signature)

Students receive a free unofficial transcript with the first report card each school year and at graduation. **Do not open official transcripts**
NO request will be processed over the phone... a request must be made in writing!

Established 2000

* Parent Signature _____	Date: _____
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Costs: \$3.00 each

If mailing this form, please send form and payment to:

Union Academy Attn: Business Office 675 N. MLK Jr. Blvd. Monroe, NC 28110	For Office Use Only: Check #: _____ Cash: <input checked="" type="radio"/> _____ Credit/Debit: <input type="radio"/> _____ Amount: _____ Date: _____ Total Number of Transcripts: _____
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