



"Where Christ Makes The Difference"

REQUEST FOR TRANSCRIPTS/RECORDS

Date: _____

Name: _____ Year of Graduation/Grade: _____ Phone Number: _____

I hereby give permission to Dade Christian School to release my transcript including, grade point average and standardized test results (PSAT, SAT, ACT, and Stanford Achievement Test) to the following:

<i>School/Organization</i>	<i>Address</i>	<i>City, State, Zip</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student/Alumnus Signature or Parent Signature (if under 18): _____

Please check items to be enclosed:

- Official Transcript
 Unofficial Transcript
 Midyear Report
 School Records

Select desired delivery method:

- Mail
 Fax #: _____
 Hold for pickup

Please fax completed request to 305-826-4072 or email to admissions@dadechristian.org.

When making a transcript request, please allow the Admissions Office two weeks and the college/university three weeks to process. Transcripts should be requested well in advance to avoid any conflict.

For Office Use: FINANCIAL CLEARANCE : _____ MAILED FAXED HELD FOR PICKUP

Prepared by: _____ Date: _____ RenWeb