

TRANSCRIPT REQUEST FORM

For past and current students of Tabernacle Christian Academy

(formerly Tabernacle of Prayer Christian School)

Student's Last Name: _____ First Name: _____

Student Number (last four digits of SSN): xxx-xx-_____ Graduation Year: _____

Reason for Request:

Number of copies requested: _____

Date of request: _____
Day Month Year

Address (or email) to forward requested transcript:

**Cost per transcript: FREE, if requested by an educational or military venue;
\$5.00, if personally requested
Payment accepted via CashApp: \$DeITabChurch**

FOR OFFICE USE ONLY:

Request granted: _____ Yes / _____ No / _____ Counselor's Initials

Date completed: _____
Day Month Year