



Transcript Request Form

New Life Christian Academy Hybrid

6622 US Highway 90 West

San Antonio, Texas 78227

Name: _____

If you are now married, please list your maiden name while attending NLCAH.

Maiden Name: _____

Date of Birth: _____

Last 4 digits of Social: _____

Number of transcripts: _____

Email Address: _____

Phone Number: _____

Check one of the following:

_____ I will pick up transcripts in the front office

_____ Fax a copy of my transcript to: _____

(Faxed transcripts are UNOFFICIAL)

_____ Please mail transcripts to: _____

Please note: Payment of \$5.00 is due at time of request. Forms of payment accepted are cash & money orders. Please allow 48 hours for the request to be completed.

Signature: _____

Admin Signature: _____

Date received by office: _____

Admin Initial: _____

Date sent by office/Picked up: _____

Initial: _____ Admin Initial: _____