DATE SENT _____

BY_____

Robert E. Lee Academy

Transcript Request Form

Date: _____ **Transcript Fee: $5.00 per copy**

Number of Copies: _____

Send Official copy to: _____

_____

_____

_____

All transcripts are issued only at the written request of the student.

Transcripts issued to the student or mailed to the student will not be stamped as official. Official transcripts must be mailed directly to another school, college, university, or to an official of an organization.

Transcripts will be sent as soon as possible, usually within two days.

Student information

Name: _____, _____, _____, _____

Last First MI Maiden

Social Security Number:_____

Date of Birth: _____

Year of Graduation: _____

My signature authorizes the release of my academic records at Robert E. Lee Academy to the person or agency that the address specifies:

Student's Signature: _____

Current Address: _____

_____

Telephone Number:_____