



**PARAGON
ACADEMY**



Transcript Request Form

(Please complete form then print for signatures)

Today's Date: _____

Student's Name: _____

Student's SSN: ____ - ____ - ____ Number of Copies requested: _____

Your Address: _____

Name and address of the person or institution you wish to receive the transcript:

Do you want the transcript mailed? Yes
 No, I will pick up on _____
Date

If "Yes" when do you want the transcript mailed? Now
 End of Semester

~ REQUESTS MUST BE MADE SEVEN TO TEN DAYS IN ADVANCE ~

Parent's Signature: _____

Student's Signature: _____