Christian Liberty Academy School System
502 W. Euclid Avenue, Arlington Heights, IL 60004-5402
***Phone:* (800) 348–0899 *Web site:* www.homeschools.org**

TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY

STUDENT NAME (AS ENROLLED) | STUDENT ID | DATE OF REQUEST (MM/DD/YY)

CURRENT STUDENT NAME (IF DIFFERENT FROM ABOVE) | DATE OF BIRTH (MM/DD/YY)

HEAD OF HOUSEHOLD NAME AT TIME OF ENROLLMENT (AS LISTED ON MAILING LABEL OR REPORT CARD) | FAMILY ID

WITHDRAW THIS STUDENT FROM CLASS? ❑ YES ❑ NO

IS THE FOLLOWING HOUSEHOLD ADDRESS NEW? ❑ YES ❑ NO

PAYMENT MUST ACCOMPANY THIS FORM

Use one form per student.
You may photocopy this form as needed.
Charges for transcripts are as follows:

Per transcript	$5.00*
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* Each student is entitled to one (1) free transcript.

CURRENT ADDRESS (HEAD OF HOUSEHOLD)

CITY | STATE | ZIP

PHONE (HOME) | PHONE (OTHER – SPECIFY)

HEAD OF HOUSEHOLD E-MAIL

STUDENT ADDRESS (IF DIFFERENT FROM HEAD OF HOUSEHOLD)

CITY | STATE | ZIP

PHONE (HOME) | PHONE (OTHER – SPECIFY)

STUDENT E-MAIL

TRANSCRIPTS WILL BE SENT REGARDLESS OF THE STATUS OF ANY COURSEWORK UNLESS ONE OF THE FOLLOWING HAS BEEN CHECKED.

❑ WAIT UNTIL ALL ACTIVE GRADE LEVELS ARE COMPLETED

❑ WAIT UNTIL THE FOLLOWING COURSEWORK HAS BEEN GRADED AND POSTED

GRADE LEVEL _____ COURSEWORK _____

❑ OTHER (SPECIFY) _____

RELEASE SIGNATURE (REQUIRED)

X _____

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X _____

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PAYABLE TO CLASS

MAIL TO ATTN: TRANSCRIPT DEPT.
CLASS
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ARLINGTON HEIGHTS, IL 60004

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(CHARGE CARD PAYMENTS ONLY)