NEW LIFE CHRISTIAN SCHOOL

5909 Jefferson Pike, Frederick, MD 21703

Telephone: 301-663-8418 * FAX: 301-698-1583

OFFICIAL TRANSCRIPT/RECOMMENDATION REQUEST FORM

Fee: $1 each transcript beyond 4

PLEASE ALLOW 5 WORK DAYS FOR PROCESSING

Last Name:_____ **First Name:**_____

Date of Request:_____ **Date Needed:**_____

I need the following document(s):

_____ **Official Transcript**

_____ **Unofficial Transcript**

_____ **Recommendation**

Circle One: Send by Mail Send by FAX Pick-up by Student

Name of School:_____

ATTN:_____

Street Address:_____

City/State/Zip Codes:_____

FAX Number:_____

I hereby give permission to release my transcript to the name and address shown.

_____

Signature (Required)

Requests will not be processed for any student with an outstanding balance

Office Use Only: Name:_____ **Request Sent/FAXed/Picked-up:**_____

Amount paid:_____