



Berean Christian Junior Academy

401 Hamilton E. Holmes Drive, NW
Atlanta, Georgia 30318
(404) 799-0337 Fax (470) 225-7250



REQUEST FOR STUDENT'S TRANSCRIPTS

To: _____
(Name of School)

Date of Request: _____

Contact Person: _____
School Address: _____
City: _____ State: _____ Zip: _____
School Phone Number () _____
School Fax Number () _____

Student's Name _____
Last Name First Name Middle

Social Security Number: _____ Date of Birth _____

Items to include:

- | | |
|---------------------------------------|----------------------------|
| _____ Health Records | _____ Cumulative Records |
| _____ Discipline Record | _____ IEP's or 504's |
| _____ Transcripts and/or Report Cards | _____ Birth Certificate |
| _____ Immunization Record | _____ Social Security Card |

Signature of Parent or Person Registering Student _____ Title _____

Signature of School Official _____ *School Registrar* _____
Title _____