Transcript Request Form

Student Information

Student's Signature

Student's Name Last	First	Midd	le	
Student's ID #	Parent's/Guardian's Email Address			
Current Address				
City State ZIP				
Phone Year of Graduation				
If you are not a present s	tudent, please answer th	e following:		
IN WHAT YEAR WERE YOU LAST O Final transcript after graduati		OF HOME EDUC	ATION?	
Transcript to be used for				
 Employment Transfer to another school Scholarship application	O College admissionO WithdrawalO Other (please specify)	O Parent's personal use (unofficial) O Parent's official use (sealed official)		
Transcript to be mailed to the following		O Check Please make payable to The Academy of Home Education at 1430 Wade Hampton Blvd., Greenville SC 29609.		
Mailing Address		O Visa	O MasterCard	O Discover
City State ZIP		CC #		
Phone Fax Number		Exp. Date	Carr	dholder's ZIP
Email		Cardholder's Signatu	ire	
All requests for transc. This form must accompany. Upon request, AHE will prov. To request additional trans. Transcripts can be released. There is a two-week process. If your situation necessitate ing period, the request must needed for faster shipping.	each transcript requested. Me vide at no charge five official cripts, include \$10 per transconly if the student's fees are sing period for transcript requ	lake copies of to transcripts and ript with each of paid in full. uests. ared in less time	d one unofficial transcr completed form. e than the normal two-	-week process-
OR	Dute			
				



Date