



Crossroads Christian School Transcript Request Form

Please send all transcript requests to:
 PO Box 249, Henderson, NC 27536
 Phone (252) 431-1333 ▪ Fax (252) 431-0333

Please allow 3-5 business days for processing from the time it is received in our office.

You may fax the Transcript Request Form to (252) 431-0333, hand deliver it to the school, save it as Word document and email it as an attachment to kchoplin@ccscolts.org, or mail it to the school at PO Box 249, Henderson, NC 27536.

Check your mailing option:

- Mail immediately (ASAP): Today's Date _____
- Mail after current grades are available _____ (year/semester)
- Mail after _____ (date)

(For colleges: Transcripts should be sent to your college after your application & fees are submitted.)

Your Name: _____ Date of Birth: _____
 (include all names ever used)

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Dates of Attendance: _____ Email Address: _____

***** NOTE: Failure to provide the complete addresses below will result in a delay. ****	
Mail ____ (# of copies) to: <i>List School Name, Dept. and <u>Complete Address</u> to the right.</i>	<i>Where do we send the transcript?</i>
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Fax # (if transcript is to be faxed). Attn: _____

Signature: (required) _____