



713 Jadwin Ave Ste 11
Richland WA 99352
Ph. (509)388-0717
Fax (866)920-1619
www.cmacademy.org

Request for Student Transcript to Be Sent

School:	Request Date:
Attn:	
Address:	
City, State, Zip:	

Student Name:
Date Enrolled:
Birth Date:
Date Graduated:

Credit Card #:
Expiration Date:
Cardholder Name:
Cardholder Signature:

I authorize Christa McAuliffe Academy to charge a \$6.00 processing fee for each transcript requested. Additional fees may apply for Priority or Express mail options.

Requested by: _____