



## TRANSCRIPT REQUEST FORM

Date of Request: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_ Birth Date: \_\_\_\_\_ (mm/dd/yyyy)

Current Address: \_\_\_\_\_  
St No Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Year of  Graduation: \_\_\_\_\_  Withdrawal \_\_\_\_\_

Mail Official Transcript to (please print complete name and address):

\_\_\_\_\_ Entity Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

*Does this entity require the transcript to be emailed?*

*Name and Email Address:* \_\_\_\_\_

**A \$10 FEE IS REQUIRED FOR EACH TRANSCRIPT.  
REMIT PAYMENT via CREDIT CARD, CASH OR CHECK (payable to "Charter Arts")  
WITH THIS REQUEST. Credit Cards payments subject to 4% processing fee.  
Questions? Please contact [admissions@charterarts.org](mailto:admissions@charterarts.org)**

I hereby request and authorize the release of my Official High School Transcript to the individual, institution or agency listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature & Date

*Please allow 3-4 business days for processing after payment is received.*

For Office Use Only:

Date request received: \_\_\_\_\_ Payment (cash, check, CC) \_\_\_\_\_ Date Transcript Sent: \_\_\_\_\_

### Mission Statement

*The Lehigh Valley Charter High School for the Arts provides a unique environment that fosters a creative, rigorous academic approach to learning and a development of talents in the arts. Built on passion, discipline and a commitment to excellence, this integrative educational experience inspires all students to believe in who they are and in what they can accomplish.*