Grace Christian School
325 N. M-140 Hwy.
Watervliet, MI 49098
269-463-5545/269-463-5739 (fax)

TRANSCRIPT REQUEST

Student Information *(Please Print Clearly)*

_____ _____ _____ _____
First Name M.I. Last Name Maiden Name (if applicable)

_____ ____/_____/_____ _____
Cell Phone Number Date of Birth e-mail address

_____ _____ _____
Address Day time Phone Evening Phone

_____ _____ _____ _____
City State Zip Code G.C.S. Grad. Year

Transcript Information *(Please Print Clearly)*

Type of Copy: Official(stamped & sealed)/Student
Send transcript to:
_____
_____
_____
_____
_____
_____

Please CHECK ONE:

- ☐ Mail (address listed at left)
- ☐ Fax/#:_____
  (only student copy may be faxed)
- ☐ Pick-up/Ph#:_____

_____ _____
Student Signature Date

OFFICE USE ONLY
Process Date: _____ Employee Name: _____