



SUMMIT CHRISTIAN ACADEMY

Records Office
1500 SW Jefferson
Lee's Summit MO 64081
Fax: 816-525-5402

Transcript Request Form (Please Print)

Last Name

First Name

Middle Name

Social Security #

Date of Birth

Years Attended or Graduation Date

Address

Area Code & Phone Number

City

State

Zip Code

Signature of Parent

Signature of Student

Transcript Recipients

Person and/or Department

Person and/or Department

Name of School/Organization

Name of School/Organization

Street Address or P.O. Box

Street Address or P.O. Box

City, State, Zip Code

City, State, Zip Code

- Official transcript mailed to addresses provided
- Additional addresses are on back of this form
- Official transcript for pick up

Date Mailed or Picked Up

Signature