



## Official Transcript Request Form

Date \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Dates Attended

Check one box: Graduate  Non-graduate

Number of copies requested: \_\_\_\_\_

Amount due (\$3.00 per request): \_\_\_\_\_

**Please fax, email, or mail your request:**

Solid Foundation Christian Academy  
Transcript Request  
5140 Memorial Drive  
Stone Mountain, GA 30083

Email: [administrator46@solidfoundationchristianacademy.com](mailto:administrator46@solidfoundationchristianacademy.com)

Fax: 844 - 624 - 4459

**Please include the following with your mailed request:**

\$3.00 for each transcript that you request (Paypal or Money Order ONLY - NO CHECKS)

For Paypal payments, please visit: [www.paypal.me/solidfoundation](http://www.paypal.me/solidfoundation)

Self-addressed stamped envelopes that are addressed to each place where you would like us to send your requested transcript(s).

If you have any questions, please contact us at 770-469-3211