American Academy
PINECREST

12651 South Dixie Highway, Suite 319 • Pinecrest, FL 33156
(305) 233-5723 • info@diplomaathome.com • www.diplomaathome.com

TRANSCRIPT REQUEST

STUDENT INFORMATION

Student ID: _____ DOB: _____
Last Name: _____ First Name: _____
Middle Name: _____ Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____

TRANSCRIPT DELIVERY INFORMATION

School/Organization: _____
Attention: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

TRANSCRIPT TYPE REQUESTED

☐ Official Sealed Transcript ☐ Unofficial Transcript
Copies Requested: _____

FEE INFORMATION

First request includes:
• One Official Sealed Transcript
• One Unofficial Copy
No charge for initial request.
Additional transcripts: $25 each.
Processing time: 7-10 business days.

PAYMENT INFORMATION

☐ Credit Card ☐ Money Order
Name on Card: _____
Card Number: _____
Exp Date: _____ / _____ CVV: _____
☐ Billing Address Same as Mailing Address
Billing Address: _____
City: _____ State: _____ Zip: _____

AUTHORIZATION

I authorize American Academy to release my academic records.

Student Signature: _____ Date: _____