

Cedar Park Christian Schools

TRANSCRIPT REQUEST

msc.admin/transri/transcriptrequestform rev 1-12

- **IMPORTANT: Please provide a stamped, addressed #10 (long) envelope for each transcript requested, with the return address of the applicable campus:**

**Cedar Park Christian School
16300 - 112th Ave. NE
Bothell, WA 98011**

OR

**Cedar Park Christian School
23607 - 54th Ave. W.
Mountlake Terrace, WA 98043**

- **CHARGE: First four free - \$1.00 each for additional copies**
- **SUBMIT form along with envelope and payment, if applicable, to the appropriate campus. (Current BOTHELL campus students submit directly to the Finance Office.)**

① STUDENT'S FULL NAME (while attending CPCS): _____

② EMAIL ADDRESS: _____

③ BIRTH DATE: _____ DATE of request: _____

④ CAMPUS: Bothell Everett Independent Study Mountlake Terrace (SCCS/NSCS)

⑤ SELECT ONE: **CURRENT STUDENT** - grade: _____

ALUMNI - year graduated: _____

ATTENDED, BUT DID NOT GRADUATE FROM CPCS - last year attended: _____

⑥ SELECT TYPE OF TRANSCRIPT REQUESTED: Official Unofficial

⑦ COLLEGE NAME & _____

COMPLETE ADDRESS: _____

***** NOTE: SAT & ACT scores cannot be printed on transcripts.**

To request SAT/ACT scores, contact The College Board at 1-609-771-7600 or www.collegeboard.org
Cedar Park Christian School Code: 480102 Mountlake Terrace (& North Sound) School Code: 480653

IMPORTANT: FINAL YEAR-END TRANSCRIPTS MUST BE REQUESTED SEPARATELY

⑧ Special Instructions, if any: _____

⑨ _____
Signature

⑩ _____
Phone

For office use: Date approved: _____

Finance Office: _____

Date transcript sent: _____

Staff signature: _____