

TRANSCRIPT REQUEST

1 IMPORTANT: Please provide a stamped, addressed #10 (long) envelope for each paper 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
17931 – 64th Ave. West
Lynnwood, WA 98037

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

STUDENT'S EMAIL ADDRESS: _____

3 BIRTH DATE: _____ DATE of request: _____

4 CAMPUS: Bothell Independent Study Lynnwood/Mountlake Terrace Everett/Mill Creek
(including 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 DELIVERY METHOD: U.S. Mail Student will pick up Electronic (*Unofficial only - Provide instructions below*)

8 INCLUDE CLASS RANK? (*Class rank is NOT included unless requested*) Yes

9 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 Lynnwood/Mountlake Terrace (& NSCS) School Code: 480653

IMPORTANT: FINAL YEAR-END TRANSCRIPTS MUST BE REQUESTED SEPARATELY

10 Special Instructions, if any: _____

11 _____
Signature – **must be signed by parent** unless student is 18 or older

12 _____
Phone

For office use:	Date approved: _____	Finance Office: _____
	Date transcript sent: _____	Staff signature: _____