



Longview Christian Academy

OFFICIAL TRANSCRIPT REQUEST FORM

- Please print clearly.
- This form **must** be submitted with a copy of photo ID, such as driver's license or student ID for identification purposes.
- Request **will not** be processed without a signature and ID.

Date: _____ Last 4 SSN# or ID # _____

Student Name: _____
Last First Middle

Name(s) while attending Longview Christian Academy (if different from above):

Date of Birth: _____ Approximate date of Attendance: _____

Daytime Telephone Number: _____ Number of transcript(s) requested: _____

Check all that apply:

- Official Transcript Unofficial Transcript
 Mail Email (Unofficial Transcripts only) Pick up in person

Official Transcripts cannot be sent via e-mail

Mail to:

Signature: _____ Date: _____

REQUIRED FOR PROCESSING

- Normal processing time for transcripts is 3-5 working days after receipt of the request. Please contact School Office if your request is not processed in 7 business days.
- All outstanding obligations to the Academy must be met before transcripts can be released.

Return Completed Form and ID copy to:

Mail:

Longview Christian Academy
2200 West Loop 281
Longview, Texas 75604

Email:

lcaoffice1973@gmail.com

OFFICE USE ONLY

Date Mailed: _____ Date Picked Up: _____ Initials: _____