

# TRANSCRIPT REQUEST FORM

**PLEASE PRINT CLEARLY**

STUDENT NAME (AS ENROLLED)	STUDENT ID	DATE OF REQUEST (MM/DD/YY)
CURRENT STUDENT NAME (IF DIFFERENT FROM ABOVE)	DATE OF BIRTH (MM/DD/YY)	<b>PAYMENT MUST ACCOMPANY THIS FORM</b> Use one form per student. You may photocopy this form as needed. Charges for transcripts are as follows: Per transcript                      \$10.00 Per fax/email transmission      \$5.00
HEAD OF HOUSEHOLD NAME AT TIME OF ENROLLMENT (AS LISTED ON MAILING LABEL OR REPORT CARD)	FAMILY ID	
WITHDRAW THIS STUDENT FROM CLH? <input type="checkbox"/> YES <input type="checkbox"/> NO  IS THE FOLLOWING HOUSEHOLD ADDRESS NEW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CURRENT ADDRESS (HEAD OF HOUSEHOLD)		STUDENT ADDRESS (IF DIFFERENT FROM HEAD OF HOUSEHOLD)
CITY	STATE	ZIP
PHONE (HOME)	PHONE (OTHER – SPECIFY)	
HEAD OF HOUSEHOLD EMAIL		STUDENT EMAIL

**TRANSCRIPTS WILL BE SENT REGARDLESS OF THE STATUS OF ANY COURSEWORK  
UNLESS ONE OF THE FOLLOWING HAS BEEN CHECKED.**

- ☐ WAIT UNTIL ALL ACTIVE GRADE LEVELS ARE COMPLETED
- ☐ WAIT UNTIL THE FOLLOWING COURSEWORK HAS BEEN GRADED AND POSTED
- GRADE LEVEL \_\_\_\_\_ COURSEWORK \_\_\_\_\_
- ☐ OTHER (SPECIFY) \_\_\_\_\_

**RELEASE SIGNATURE  
(REQUIRED)**

**X**

PARENT/GUARDIAN OR ADULT STUDENT

<b>TRANSCRIPT DESTINATION 1</b>		<b># COPIES</b> _____	
<input type="checkbox"/> PARENT/ GUARDIAN	<input type="checkbox"/> ELEMENTARY/ HIGH SCHOOL	<input type="checkbox"/> COLLEGE/ UNIVERSITY	<input type="checkbox"/> OTHER
_____ COMPLETE NAME (IF OTHER THAN PARENT/GUARDIAN)			
_____ COMPLETE ADDRESS (IF OTHER THAN PARENT/GUARDIAN)			
_____ ADDRESS LINE 2			
_____ CITY		_____ STATE                      ZIP	
_____ ADDITIONAL SERVICES REQUESTED (EXTRA \$5.00 EACH)			
_____ FAX TO		_____ ATTN	
_____ EMAIL TO			

<b>TRANSCRIPT DESTINATION 2</b>		<b># COPIES</b> _____	
<input type="checkbox"/> PARENT/ GUARDIAN	<input type="checkbox"/> ELEMENTARY/ HIGH SCHOOL	<input type="checkbox"/> COLLEGE/ UNIVERSITY	<input type="checkbox"/> OTHER
_____ COMPLETE NAME (IF OTHER THAN PARENT/GUARDIAN)			
_____ COMPLETE ADDRESS (IF OTHER THAN PARENT/GUARDIAN)			
_____ ADDRESS LINE 2			
_____ CITY		_____ STATE                      ZIP	
_____ ADDITIONAL SERVICES REQUESTED (EXTRA \$5.00 EACH)			
_____ FAX TO		_____ ATTN	
_____ EMAIL TO			

**PAYMENT** ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ CHECK/MONEY ORDER (ENCLOSED)

CARD NUMBER

[illegible]

EXPIRATION DATE  
(REQUIRED)

MONTH

MONTH

--	--

YEAR

YEAR

AMOUNT \$

**X**

AUTHORIZED SIGNATURE OF CARDHOLDER (REQUIRED)

**PAYABLE TO** CHRISTIAN LIBERTY HOMESCHOOLS

**MAIL TO** ATTN: TRANSCRIPT DEPT.  
CHRISTIAN LIBERTY HOMESCHOOLS  
502 WEST EUCLID AVENUE  
ARLINGTON HEIGHTS, IL 60004-5402

**FAX TO** 847-259-2443  
(CHARGE CARD PAYMENTS ONLY)