



**CHRISTIAN  
LIBERTY**  
HOMESCHOOLS

502 West Euclid Avenue  
Arlington Heights, Illinois 60004  
(800) 348-0899  
custserv@homeschools.org

**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) \_\_\_\_\_

HEAD OF HOUSEHOLD NAME AT TIME OF ENROLLMENT (AS LISTED ON MAILING LABEL OR REPORT CARD) \_\_\_\_\_ FAMILY ID \_\_\_\_\_

WITHDRAW THIS STUDENT FROM CLH?  YES  NO

IS THE FOLLOWING HOUSEHOLD ADDRESS NEW?  YES  NO

CURRENT ADDRESS (HEAD OF HOUSEHOLD) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (OTHER - SPECIFY) \_\_\_\_\_

HEAD OF HOUSEHOLD EMAIL \_\_\_\_\_

STUDENT ADDRESS (IF DIFFERENT FROM HEAD OF HOUSEHOLD) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (OTHER - SPECIFY) \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

**PAYMENT MUST ACCOMPANY THIS FORM**  
Use one form per student.  
You may photocopy this form as needed.  
Charges for transcripts are as follows:  
Per transcript \$5.00\*  
Per fax/email transmission \$5.00  
\* Each student is entitled to one (1) free transcript.

**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

**TRANSCRIPT DESTINATION 1** # COPIES \_\_\_\_\_

- PARENT/GUARDIAN
- ELEMENTARY/HIGH SCHOOL
- COLLEGE/UNIVERSITY
- 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 \_\_\_\_\_

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**TRANSCRIPT DESTINATION 2** # COPIES \_\_\_\_\_

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- 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 \_\_\_\_\_

EXPIRATION DATE (REQUIRED) \_\_\_\_\_  
MONTH YEAR

AMOUNT \$ \_\_\_\_\_

**X** \_\_\_\_\_  
AUTHORIZED SIGNATURE OF CARDHOLDER (REQUIRED)

**PAYABLE TO** CHRISTIAN LIBERTY HOMESCHOOLS

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