

# REQUEST FOR TRANSCRIPT



## Transcript Fee:

\$5 per Transcript for students (including alumni) NOT currently enrolled at Sound Christian Academy (formerly Tacoma Baptist Schools).

\*\*Currently enrolled students (up to 6 months past their last enrollment date) will be provided up to 10 transcripts free of charge.

## To request a transcript, please complete the following steps:

1. Fill out the information requested below in full.
2. Mail, email, fax, or drop off your request INCLUDING payment to:  
Sound Christian Academy  
Attn: Registrar  
2310 S 66<sup>th</sup> Street  
Tacoma, WA 98409  
Fax: 253.302.3591  
Email: [areinmuth@soundchristianacademy.org](mailto:areinmuth@soundchristianacademy.org)
3. Payments may be made via phone at 253-475-7226 x131
4. To confirm receipt, please contact the secondary office at 253.475.7226 x101

## STUDENT/ALUMNI CONTACT INFORMATION

Student/Alumni Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please send a copy of my transcript as noted below. I understand that the transcript will be available for pick-up or mailed out within 3-5 business days. If the college/business deadline will not allow time for normal Sound Christian processing plus delivery time (3-5 days depending on where it is being mailed), I will contact Sound Christian by phone to discuss options for rush processing.

Student/Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Transcript (choose one option): \_\_\_\_\_ OFFICIAL (sealed & unable to view) \_\_\_\_\_ UN-OFFICIAL

### Please choose one option below:

\_\_\_\_\_ Please send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I will pick up in the Secondary Office. Please call when ready.

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Date sent: \_\_\_\_\_ Sent by: \_\_\_\_\_ Notes: \_\_\_\_\_