

Aucilla Christian Academy
Office of the Registrar
7803 Aucilla Hwy
Monticello, FL 32344

TRANSCRIPT REQUEST
(850) 997-3597
1-866-338-5532 (Fax)
Psever@aucilla.org (email)

Fill out one request form for each address to which you are sending transcripts.

Name: _____
 Last First Middle Maiden

Graduation Year _____ or Date Last Attended ACA: _____

Social Security #: _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers: (____) _____; (____) _____

E-mail address: _____

Mail transcript to the following address:

Name of College or University: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Student Signature _____ Date _____

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

- Send Now Emailed _____
- Hold until outstanding items are cleared Hold until incomplete grade cleared and posted
- Hold until grade change processed Picked up by student or authorized person
- Sent Electronically Other _____

School Official: _____ Date Processed _____

Date Mailed _____