

SEFFNER CHRISTIAN ACADEMY TRANSCRIPT REQUEST FORM

For High School & Graduate Use ONLY

TRANSCRIPTS CANNOT BE RELEASED UNLESS ALL FINANCIAL OBLIGATIONS TO SCA ARE CLEARED.
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Student Name _____ S.S. # _____

Address _____

Phone Number (____) _____ E-mail _____

Dates Attended Seffner Christian Academy: from Year _____ to Year _____.

Please mail my (specify) **Official Transcript** or **Unofficial Transcript**
to the following recipient(s):

1. Name /Address of Recipient _____

2. Name /Address of recipient _____

3. Name /Address of recipient _____

Please allow 3-5 days for transcript processing.

Student Signature _____ Date _____

Or

Signature of Guardian: _____ Date _____

Transcripts are free for current SCA students. Alumni are provided with one (1) free transcript per year. After one (1) free transcript, the fee is \$5.00 per additional transcript.

Please mail or fax this form to:

Seffner Christian Academy

11605 US HWY 92 East

Seffner, FL 33584

Ph: 813-626-0001, Fax: 813-627-0330

In accordance to the 1974 Family Educational Rights and Privacy Act and applicable amendments, a request for a transcripts must be submitted in writing, signed, and dated by the person giving such consent. It should also include the name/ address of the party who is to receive them.