



Transcript Request

Student Name: _____ D.O.B. _____

Date of entry: _____ Date of discharge: _____

Grade level(s) of student while enrolled in ABA: _____

CURRENT CONTACT INFORMATION:	
Address Line 1:	
City, State:	
Email Address:	
SEND OFFICIAL TRANSCRIPT TO: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email	
Name of Recipient:	
Address Line 1:	
City, State:	
Email Address:	

Number of copies # _____ x \$10 = _____ (Amount Due)

Payment methods accepted: Check, money orders, or PayPal.

Checks/money orders payable to: Alice Blount Academy
Paypal email address: alicablountacademy19@gmail.com

PLEASE READ!!

- Allow 2 weeks for your transcript to be processed and mailed.
- Transcripts **will not** be processed for accounts that have financial holds.
- ABA cannot release transcripts from other schools.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____