



Atlantic Christian School
391 Zion Road, Egg Harbor Township, NJ 08234
(609) 653-1199 ~ Fax (609) 653-1435 ~ www.acseht.org

OFFICIAL TRANSCRIPT REQUEST FORM

(Please complete one form for each transcript requested)

Date _____

Student's Name _____ Date of Birth _____

Year of Graduation _____ -- OR -- Year(s) Attended _____

Please forward my official transcript to:

Name of Institution

Address

City, State, Zip Code

Deadline Date (if applicable) _____

Signature of Student

Signature of Parent (required if student is under the age of 18)

Office Use Only:

Date Sent/Initials _____

- A fee of \$5.00 will be charged for each transcript; Payment can be made by cash/check or online with a credit card at www.acseht.org.
- If submitting request by email, please send completed form or all information requested on this form to Sue DeNick at sdenick@acseht.org. Payment must be received before transcript will be released.
- Up to three transcripts will be provided at no charge (for current seniors only).