



# Atlantic Christian School

391 Zion Road, Egg Harbor Township, NJ 08234  
(609) 653-1199 ~ Fax (609) 653-1435 ~ [www.acseht.org](http://www.acseht.org)

## OFFICIAL TRANSCRIPT REQUEST & PAYMENT FORM

*(Please complete one form for each transcript requested)*

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_

Maiden or Previous Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_ -- OR -- High School Year(s) Attended \_\_\_\_\_

### **Please Forward My Official Transcript To:**

\_\_\_\_\_  
Name of Institution/Organization

\_\_\_\_\_  
Institution/Organization Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Institution/Organization Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
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
- Up to three (3) transcripts will be provided at no charge for current seniors only
- Payment can be made by cash/check with submission of this form; make check payable to: "Atlantic Christian School"
- Transcripts may also be requested and paid for online at [www.acseht.org/transcript-request-form](http://www.acseht.org/transcript-request-form)
- Any questions? Contact Guidance Counselor Christina Ragland at [cragland@acseht.org](mailto:cragland@acseht.org).