



Peachtree Academy Transcript Request Form

Student's Full Name _____

Student's Email Address _____

Phone Number _____ Graduation Year _____

Authorization Statement:

I grant Peachtree Academy permission to release my transcript to

Name of College/University

Address of college/university to which transcript will be sent

- *Please be sure to include the address of the Admission Office. Sending the transcripts to the address of the college does not guarantee that it will ultimately arrive at the Office of Admissions.*

Transcript Type

Please fulfill my request in the following manner:

Please release my transcript to the college/university listed above through GAFutures.

Please send an Official Transcript through the mail to the college/university using the address above.

Please submit an Official Transcript through GAFutures and the mail to the college/university listed above. (I understand that this will count as two separate transactions.)

Student Signature _____ Date: _____

**Unofficial transcripts may be picked up at the administrative office between the hours of 8:00 am and 3:00 pm.*

****Please allow up to 3-5 business days to complete the request for transcripts. Peachtree Academy will mail/release up to 5 transcripts per student. There will be a \$5.00 charge for each additional sealed official transcript sent through the mail and/or picked up. Transcripts submitted through GAFutures are free of charge.***

Office Use Only:

Date Received: _____ Time Received: _____

Admin Approval: _____ Date Released: _____

Transcript Released by: _____

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