

Transcript Request

Tulsa Adventist Academy
900 S New Haven Ave
Tulsa, OK 74112

Date _____ Year(s) of attendance or year of graduation _____

Please print your NAME AND MAILING ADDRESS BELOW

First Middle Last

Date of Birth _____ Signature of student/parent _____

Transcript to be mailed

Transcript to be picked up on _____

Allow a minimum of a week for processing before pick-up

Special instructions: _____

Number of copies to be sent to the address below:

PLEASE PRINT

Date Transcript Mailed:

by: _____

Transcript fee due:

Paid _____

No charge

Please Remit \$ _____ (\$5 for each copy)