



# COEUR D'ALENE CHARTER ACADEMY COMMON APP/SEND EDU TRANSCRIPT REQUEST

**PLEASE PRINT**

STUDENT'S FIRST NAME                      MIDDLE NAME                      LAST NAME

STREET ADDRESS

CITY                      STATE                      ZIP

PHONE NUMBER                      DATE OF BIRTH                      YEAR OF GRADUATION

**RELEASE THE RECORDS INDICATED ABOVE TO:**

- COLLEGE/SCHOOL: \_\_\_\_\_
- COLLEGE/SCHOOL: \_\_\_\_\_
- COLLEGE/SCHOOL: \_\_\_\_\_
- COLLEGE/SCHOOL: \_\_\_\_\_
- COLLEGE/SCHOOL: \_\_\_\_\_
- COLLEGE/SCHOOL: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

**SCORES NEEDED:**

SAT    ACT    AP

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Valid only if signed by an adult (student 18 years of age or older, or parent/legal guardian of student if under 18 years of age).**

Return form to:  
Dr. Kati Ray – School Counselor  
Email: [kray@cdacharter.org](mailto:kray@cdacharter.org)  
4904 N Duncan Drive  
Coeur d'Alene, ID 83815  
Phone: 208.676.1667  
Fax: 208.930.4215

Office Use Only

Date Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_