CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

TRANSCRIPT REQUEST

(PLEASE PRINT LEGIBLY)

Graduates must pay a $6 fee per transcript requested. Payment is due at the time of request.
The Register has up to ten business days to complete your request.

If transcripts need to be sent, the exact address must be provided below.
Example: Colorado Mesa University, Attn: Office of Admissions, 1100 North Avenue, Grand Junction, CO 81501, admissions@coloradomesa.edu

Office Only
☐ **Graduate Paid** ☐ **Not Applicable**

Date of Request:

Student/Graduate Information:

Legal/Graduate Name:				
Mailing Address:	**Street:**	**Apt.:**	**City:**	**Zip Code:**
Date of Birth:			**Grade:**	**Graduation Date:**

Requested by (please print): (must be a parent/legal guardian or a student over 18 yrs old)	
Requesting Individual's Signature:	
Email Address:	**Cell Phone #:**

☐ Email to Caprock Academy's College Counselor for upload to Common App or for scholarship submission.

☐ Copy of student's transcript: ☐ Print ☐ Email:____

College/University/Scholorship:	**College/University/Scholorship:**
Attn:	**Attn:**
Mailing Address:	**Mailing Address:**
Cilty: **State:** **Zip Code:**	**Cilty:** **State:** **Zip Code:**
Email to:	**Email to:**
College/University/Scholorship:	**College/University/Scholorship:**
Attn:	**Attn:**
Mailing Address:	**Mailing Address:**
Cilty: **State:** **Zip Code:**	**Cilty:** **State:** **Zip Code:**
Email to:	**Email to:**
College/University/Scholorship:	**College/University/Scholorship:**
Attn:	**Attn:**
Mailing Address:	**Mailing Address:**
Cilty: **State:** **Zip Code:**	**Cilty:** **State:** **Zip Code:**
Email to:	**Email to:**
College/University/Scholorship:	**College/University/Scholorship:**
Attn:	**Attn:**
Mailing Address:	**Mailing Address:**
Cilty: **State:** **Zip Code:**	**Cilty:** **State:** **Zip Code:**
Email to:	**Email to:**

714 24 1/2 Road, Grand Junction, CO 81505
(970-243-1771 Fax: (970) 243-3612