



# Transcript Request Form

## Student Information

First Name	Middle Name	Last Name	Date of Birth
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Students 18 years of age or older may request their own transcripts.

## Guardian Information or Institution Requesting the transcript (complete all that applies)

Name		Relationship to Student	
Address		City	
Phone	Email	State	Zip

## Where would you like the transcript(s) sent?

Name of Institution or Individual			Official Transcript Unofficial Transcript		
Address					
City	State	Zip	Fax Number		
Do you prefer the transcript be mailed, faxed, or emailed?			Mailed	Faxed	Emailed

Name of Institution or Individual			Official Transcript Unofficial Transcript		
Address					
City	State	Zip	Fax Number		
Do you prefer the transcript be mailed, faxed, or emailed?			Mailed	Faxed	Emailed

Name of Institution or Individual			Official Transcript Unofficial Transcript		
Address					
City	State	Zip	Fax Number		
Do you prefer the transcript be mailed, faxed, or emailed?			Mailed	Faxed	Emailed

\* If your transcript request exceeds three institutions, please complete a second form.

Comments	Are you interested in having a Letter of Recommendation sent with the transcript? Yes      No
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Official transcripts are only sent to schools, colleges, and universities. Parents and students of 18 years of age or older may request a sealed official transcript.

Please email, mail, or fax this form to:

Alpha Omega Academy  
804 N 2<sup>nd</sup> Ave East  
Rock Rapids, IA 51246

Fax: 800-890-9753

Email: [academyrecords@aop.com](mailto:academyrecords@aop.com)