



Eaton Academy

Transcript Request Form

Office Use Only

Date Received: _____

Date Sent: _____

Please Check One:

- K8 Program Student:** Eaton Academy creates and mails academic records for all K8 students upon request, provided the student's account is current and this form has been properly submitted. Please allow 5 school days for processing.
- Independent Study Program Student (non-graduate):** Eaton Academy creates and mails a transcript displaying all courses completed at Eaton Academy for all transferring students, provided the student's account is current and this form has been properly submitted. Please allow 5 school days for processing.
- Independent Study Program Student (graduate):** Eaton Academy creates and mails transcripts displaying all high school courses regardless of whether the courses were completed at Eaton Academy or another school, provided the student's account is current and this form has been properly submitted. Please allow 5 school days for processing.
- High School Program (non-graduate):** Eaton Academy creates and mails a transcript displaying all courses completed at Eaton Academy for all transferring students, provided the student's account is current and this form has been properly submitted. Please allow 5 school days for processing.
- High School Program (graduate):** Eaton Academy creates and mails transcripts displaying all high school courses regardless of whether the courses were completed at Eaton Academy or another school, provided the student's account is current and this form has been properly submitted. Please allow 5 school days for processing.

Request for an Official or Unofficial transcript of:

Print Full Legal Name: _____
Last Name First Middle

Student's Current Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: _____

Transcript is to be sent to:

School/College/University: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Voice: _____

Release Signature:

I, _____, (please print name)

The custodial Parent/Guardian of the above-named student

Alumnus who is 18 years old or older

hereby authorize the release of a transcript to the above-listed address.

Signature: _____ Date of Request: _____

Transcript fees are included in the Eaton Academy Application/Registrar Fee which is paid at enrollment.

EATON ACADEMY

1000 Old Roswell Lakes Parkway, Roswell, Georgia 30076
Fax: 770.645.2711 • Voice: 770.645.2673