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TRANSCRIPT REQUEST FORM

Directions: Please complete all requested information below and return the form by fax or email. If the student is under the age of 18, a copy of the parent’s state issued ID, should be sent along with this form. Transcripts request are mailed within 3 business days. Please allow 2 weeks for delivery.

Student Information

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Name and mailing address of school or individual to receive transcript:

- (1) _____

- (2) _____

- (3) _____

Authorization Statement

I, _____, give EdOptions Academy permission to send official transcripts
(parent or student over 18 yrs.)

to the school(s)/individuals listed above. I understand that the transcripts will be sent in a sealed envelope and that any tampering with the seal will invalidate the transcripts.

Student/Parent Signature
(Parent signature REQUIRED for students under the age of 18)

Date

*****NOTE IF THERE IS A BALANCE OWED ON THE STUDENT’S ACCOUNT, TRANSCRIPTS WILL NOT BE RELEASED****