



NORTHSIDE

CHRISTIAN ACADEMY

OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. **All transcripts are free of charge.**

Name: _____ DOB: _____

Phone: _____ Email: _____

Mailing Address: _____ City _____ State _____

Zip _____

Graduation Date: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

If the student is under 18, parent signature required

Transcript Delivery Method: _____ Student Pickup
_____ Mail (to Institutions listed below)

MAIL TRANSCRIPT TO:

1. Name/Institution: _____
2. Name/Institution: _____
3. Name/Institution: _____
4. Name/Institution: _____

FAX this request to: (803) 520-5661

EMAIL this request to: guidance@ncak12.org

"SO THE GENERATIONS TO COME MIGHT KNOW HIM." - PSALM 78

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