



# SJCA TRANSCRIPT REQUEST FORM

~ Office Use Only ~

Account & Tuition fees cleared by Business Office:

Yes \_\_\_\_\_ / No \_\_\_\_\_ / Date \_\_\_\_\_ / Initials \_\_\_\_\_

**If you attended or graduated from San Jacinto Christian Academy or Bible Heritage (*Heritage Classical Academy*) and need a transcript, complete and submit this form as indicated below.**

- Please allow 24-48 hours for processing (*during school week*) after receipt of transcript request. If multiple copies are to be sent, please clearly indicate other addresses on this form or on another page.
- The information on this form may be used in an email without the form itself. Please email [cbarnes@sanjac.org](mailto:cbarnes@sanjac.org) to request a transcript. Feel free to add any other instructions necessary.
- If not emailed, please fax request to "Transcript Request" at 806-376-6712 (or) mail to:  
**San Jacinto Christian Academy ~ Attn: High School Office Transcript Request ~ P.O. Box 3428 ~ Amarillo, TX 79116**

Name of Person Requesting Transcript: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print your exact name as it was when you graduated or last attended:**

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Maiden name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Graduation Year from San Jacinto Christian Academy \_\_\_\_\_ (or) Bible Heritage \_\_\_\_\_

Number of copies needed: Official (*with seal*) \_\_\_\_\_ Unofficial (*without seal*) \_\_\_\_\_

**Please call 'Current Phone Number' listed above when transcript is ready for pick up. Yes \_\_\_\_\_ No \_\_\_\_\_**

**(or) List the address(es) where you want your transcript sent.**

1. Name of Institution/Agency/School/Person: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(if applicable)

2. Name of Institution/Agency/School/Person: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(if applicable)