



Hart-Ransom Academic Charter School

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Cougars
Home-Based Personalized Learning
WASC Accredited TK-12

David Cline, Principal

TRANSCRIPT REQUEST FORM

Please note the following:

1. This form is void until signed.
2. Please indicate CORRECT addresses and/or names of persons to whom the transcript(s) are to be sent. Hart-Ransom Academic Charter School takes no responsibility for incorrect mailing information.
3. **Please allow 5 business days for regular processing.**

Today's Date _____

Last Name

First Name

Middle Name

Address: Street

City

State

Zipcode

Phone

E-mail Address

Please print legibly.

- I will pick up my transcripts in the office.
- Please mail my transcripts.
- Please email my transcripts. I understand they will be unofficial if sent by email. I have listed my email above.
- Process transcript(s) immediately** **Process transcript(s) when final grades are available**

1. _____

Send _____ copies

2. _____

Send _____ copies

3. _____

Send _____ copies

4. _____

Send _____ copies

Total Number of Transcripts Ordered: _____ (Attach additional request forms as needed.)

I hereby authorize Hart-Ransom Academic Charter School to release the transcript of my academic record.

Signature of Student or Parent/Guardian required

FOR OFFICE USE ONLY

Date Request Received: _____

Method of Delivery Picked up in the office Emailed Mailed to home Mailed to university

Date Mailed: _____ Processed by: _____