



Hart-Ransom Academic Charter School
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TRANSCRIPT REQUEST FORM

Sean Greene , Principal

Matthew Shipley, Superintendent

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 up to 5 business days for regular processing.**

Today's Date _____

Last Name

First Name

Middle Name

Address

Phone

Email 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 requests 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/Emailed: _____ Processed by: _____