

Great Lakes Adventist Academy

# TRANSCRIPT REQUEST FORM

*(out-going request for alumni & former students)*

P.O. Box 68, Cedar Lake, MI 48812

Fax: (989) 427-5027 • Phone: (989) 427-4444 • Email: glaa@glaa.net

Questions? Contact Mrs. Hilda Reichert, Registrar (989) 427-2402

*(Print Clearly)*

<b>Full Name:</b>		<b>Maiden Name:</b>			
<b>Address:</b>		<b>Phone No.:</b>			
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Graduation Year:</b>		<b>Date of Birth:</b>			
<b>Not Graduated? Then what years did you attend?</b>					
<b>School Attended:</b>	__ Adelpian Academy __ Cedar Lake Academy __ Great Lakes Adventist Academy				

**I AUTHORIZE Great Lakes Adventist Academy to release the following checked items to the address listed below:**

- \_\_\_ academic transcript  
\_\_\_ test scores  
\_\_\_ health records

School/Business Name:	
ATTN:	
Address	
State/Zip	
Fax Number <i>(if faxing)</i>	
Email Address <i>(if emailing)</i>	

\_\_\_\_\_  
*(Student Signature, 18 years and older)*

\_\_\_\_\_  
*(Date)*

## CREDIT CARD PAYMENT

*(There is a \$5 Charge for this Service.)*

*(Please Circle; We ONLY accept VISA, MasterCard, Discover)*

Name			
Billing Address:			
Phone:			
Credit Card No.:		Exp. Date:	
\$\$ Amount:		Verification Code on Back:	
Signature		Date:	