
CALVARY CHAPEL PRIVATE SCHOOL PROGRAM
TRANSCRIPT REQUEST FORM

CCPSP IS A MINISTRY OF CALVARY CHAPEL OF COSTA MESA

Last Name: _____ First Name: _____

Birthdate: _____ Graduation Year: _____

Email Address: _____

Phone Number: _____

CURRENT STUDENTS: The first 6 transcripts are free. Additional transcripts \$2 during school year.

CCPSP GRADUATES: After graduation there is a \$10 fee for each official transcript ordered, \$5 for unofficial.

_____ Official Transcript (signed/sealed)

_____ Unofficial Transcript

Check all that apply:

_____ I will pick up from CCPSP office

_____ Email. I understand the transcript is unofficial if sent by email. I have listed my email address above.

_____ Mail. You do not need to provide an envelope or stamp, will be mailed by regular mail, no tracking.

Please list the colleges/organization where you want your transcript mailed:

College/Institution Name: _____

Attention to: _____

Address: _____

I authorize Calvary Chapel PSP to release information as indicated above.

Signature _____ Date _____

If someone other than yourself will pick up or receive your records, please sign and list name below:

Signature _____ Name: _____

Please return this completed form to the CCPSP office or via email to ccisp-costamesa@calvarychapel.com.

FOR OFFICE USE ONLY

Date Provided _____

Payment Received: _____