



CHESTERTON ACADEMY OF NOTRE DAME

Office Use Only

Date Received: _____

Date Sent: _____

Method: _____

TRANSCRIPT REQUEST FORM

Please allow 3 business days for requests to be processed. Last-minute requests will not be rushed.

Date: _____

Student Name: _____ Current Grade: _____

Please send a copy of my unofficial transcript to my Jupiter account: Yes No

Institution: _____
Address: _____ _____ _____
Email address (for unofficial transcripts only): _____

Institution: _____
Address: _____ _____ _____
Email address (for unofficial transcripts only): _____

Institution: _____
Address: _____ _____ _____
Email address (for unofficial transcripts only): _____

Institution: _____
Address: _____ _____ _____
Email address (for unofficial transcripts only): _____

Under the Family Educational Rights and Privacy Act of 1974 (as amended), we are required to obtain your written permission to forward a transcript to other schools, colleges, universities, organizations, or prospective employers. The Chesterton Academy of Notre Dame transcript is confidential and contains a student's grades and GPA.

I hereby give my written consent and do therefore authorize Chesterton Academy of Notre Dame to release my student's records as noted.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____