



TRANSCRIPT REQUEST

[FOR GRADUATES ONLY]

Graduate Information

Full Name _____
Address _____
City _____
State/ Province _____ Zip/ Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Email: _____

Additional Required Information

Number of official transcripts requested: _____
Send transcripts to?
If school give full name
State/ Province _____ ZIP/ Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Contact Name _____

Name as appears on diploma _____

Date of Graduation _____

- * There is a \$10.00 fee for each transcript requested
- * Please fill out a new form for each transcript requested

By signing this request form you acknowledge the \$10.00 charge for each transcript plus a \$2.00 processing fee for credit card charges and agree to make payment in full via internet on the schools web site, or vial mail by check or money order made payable to Goliath Academy before services are rendered. Remember, " with Goliath Academy you're on your way to a better future". God Bless You.

Signature: Date:

ATTN: REGISTRAR
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