



REQUEST FOR TRANSCRIPT

Maiden Name: _____

Current Address: _____

Current Phone: _____

Date of Birth: _____ Year Graduated Pres: _____

Last Four Digits of Social Security #: _____ Number of Transcripts Requested: _____

Mail Transcripts to: _____

Official transcripts will be marked with the Presentation Academy seal. Only transcripts mailed directly to academic institutions will be marked as “official.” Copies mailed to individuals will be stamped as an unofficial personal copy.

Complete this form and include a \$5.00 Fee Per Transcript (check made payable to “Presentation Academy”). Mail to:

Student Services Department
Presentation Academy
861 South Fourth Street
Louisville, KY 40203

