



Official Transcript Request Form

Use this form to request a copy of your/your student's official transcript. Complete and submit this form to your school registrar or counselor. Transcripts are finalized with an official Nevada Connections Academy seal and signed by the school Registrar. Only parents, guardians, and students age 18 and older may request the release of official transcripts with this form.

Requestor Information (Required for Request, this is NOT the destination for transcripts)

_____ Last Name	_____ First Name	_____ Middle Name	_____ County	
_____ Street Address		_____ City	_____ State	_____ ZIP Code
_____ Home Phone	_____ Work Phone	_____ Mobile Phone		

Is the student the requestor? ☐ Yes ☐ No If no, please fill out the student information below.

_____ Student's Last Name	_____ Student's First Name	_____ Student's Middle Name	_____ Relationship of requestor to student
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Transcript Destinations (You are required to complete this section, even if you are sending to yourself)

_____ Destination 1: Name of Person, School or Agency		_____ County	
_____ Street Address	_____ City	_____ State	_____ ZIP Code
_____ Send on date	_____ Send to the attention of (If differs from Person)		_____ # of Transcripts

_____ Destination 2: Name of Person, School or Agency		_____ County	
_____ Street Address	_____ City	_____ State	_____ ZIP Code
_____ Send on date	_____ Send to the attention of (If differs from Person)		_____ # of Transcripts

_____ Destination 3: Name of Person, School or Agency		_____ County	
_____ Street Address	_____ City	_____ State	_____ ZIP Code
_____ Send on date	_____ Send to the attention of (If differs from Person)		_____ # of Transcripts

Parent/Guardian/Eligible Student (Over 18) Consent

By signing below, I give permission for Connections Academy to send official transcripts to the above locations.

_____ Name	_____ Signature	_____ Date
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