

**IMAGINE SCHOOL AT NORTH PORT
TRANSCRIPT REQUEST FORM**

*****If under 18, this form MUST be signed by a parent*****

Student's Name/Student ID # _____

Phone Number _____

Date of Birth _____ Graduation Year _____

Number of Official Transcripts Requested _____

(You may request up to 5, after 5 there will be a \$2 charge per transcript)

Please Include full name of school and Admissions office address – It will be your responsibility to mail the transcripts once they are picked up from the office.

1 _____

2 _____

3 _____

4 _____

5 _____

Student Signature

Date

Parent Signature

Please return to Carrie Whitaker at carrie.whitaker@imageschools.org

ALLOW UP TO 48 HOURS TO PROCESS