

Hope Christian Academy

Registrar's Office, 15814 Champions Forest Dr #115, Spring, TX 77379

Fax (866) 330-0315
Phone (866) 330-7229

Transcript Request Form

Transcript Regulations

- Official transcripts are \$10 per transcript. Diploma reprint \$25. **Mail all requests to the above address (ATTN: Registrar), fax to HCA's Office at 866-322-0315, or scan/email request to registrar@hopechristianacademy.net**
- All requests must be authorized by the student's signature in accordance with the Family Educational Rights & Privacy Act (FERPA). Transcripts will be sent out as quickly as possible, in the order that requests are received within 3-5 days after any required payment is received. During registration, final exams, and graduation there may be an additional delay.
- **Picture identification is required.** Please attach a copy of your driver's license or State ID to this form.
- Transcripts will not be issued if any debts are due to the school or if any admissions requirements have not been met.
- Official copies of credits transferred to Hope Christian Academy must be requested directly from the institution where the credit was completed.
- **If you have questions about this process, please call our offices at 866-330-7229.**

Payment Options (Please read carefully as these instructions have changed!)

- Mail this completed form with a check or money order made payable to Excel Education or
- Complete the form as instructed and fax this form to the Registrar's Office at 866-330-7229. A scan of the completed form may also be sent by email to registrar@hopechristianacademy.net.

Name (Last, First MI)		Former Name(s), if any:	Date of Birth
Address (Number, Street, Apt.)		City, State, Zip	
Home Phone Number	Cell Phone Number	Email Address	
Student ID #	Currently Enrolled? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Last High School Attended:		First Enrolled (Sem/Year)	Last Enrolled (Sem/Year)
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
CARD # _____		EXP DATE: _____	3-DIGIT CVV _____
CARD HOLDER NAME _____		ZIP CODE _____	
DESTINATION <input type="checkbox"/> Mail transcript to address(es) shown below and <input type="checkbox"/> fax to _____			
Please print name, title, and address of person(s) or institution(s) to whom you wish transcript(s) sent:			
First person or institution:			
Name:		Attn/Title:	
Address:		City State Zip	
<input type="checkbox"/> Special Instructions:		Number of Copies:	
Second person or institution:			
Name:		Attn:	
Address:		City State Zip	
<input type="checkbox"/> Special Instructions:		Number of Copies:	
TOTAL NO. OF TRANSCRIPTS _____ \$ 10 EACH, DIPLOMA REPRINT \$ 25 EACH _____ TOTAL COST _____			
I affirm that I am the above-named student. In compliance with the Family Educational Rights & Privacy Act (FERPA), I hereby give my written consent and authorize Excel Education Systems to release my academic record as noted.			
STUDENT'S SIGNATURE (required) _____		DATE _____	

Attach a copy of your driver's license or state ID to this form before you submit it to the Registrar's Office.