

CROSSROADS CHRISTIAN SCHOOLS

Student Services

2380 Fullerton Avenue, Corona, CA 92881 Phone #: 951-520-3091

www.crossroadsschool.org

Email Completed form to Registrar@crossroadsschool.org

PLEASE NOTE:

\$5.00 charge for each set of transcripts

Mail to: 2380 Fullerton Avenue, Corona, CA 92881

- **Valid Picture ID required**
- We do not have copies of Diplomas
- Transcripts will be ready after 12 pm the following day
- If student is 18 years or older, they must request their own records

Name _____

Name while in school (if different) _____

Date of Birth _____ Phone Number: _____ Present

Address: _____

Email: _____ City _____ State _____ Zip _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

<p align="center">GRADUATE (Received High School Diploma)</p> <p>Year of Graduation _____</p>
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<p align="center">NON-GRADUATE (Attended CCHS, but not enough credits for a diploma)</p> <p>Last Year attended _____</p>

I WISH TO ORDER:

<p align="center">OFFICIAL TRANSCRIPT (Sealed and Embossed - DO NOT OPEN)</p> <p>How many copies? _____</p>

<p align="center">UNOFFICIAL TRANSCRIPT (For your records - You may open)</p> <p>How many copies? _____</p>
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DO YOU WISH TO:

<p>Pick up records? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Authorize someone else to pick up records? Please provide complete name: _____</p>	<p>Have us mail them? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>
<p>FAX records? ? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>FAX Number / Name: _____</p>

Signature of Student or Guardian

Today's Date

Office Use Only: Paid: YES NO **Completed On:** _____ **By:** _____

ID Verified by: _____