

## 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**
- Transcripts will be ready after 12 pm the following day
- We do not have copies of Diplomas
- 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:

#### **GRADUATE**

(Received High School Diploma)

Year of Graduation \_\_\_\_\_

#### **NON-GRADUATE**

(Attended CCHS, but not enough credits for a diploma)

Last Year attended \_\_\_\_\_

### I WISH TO ORDER:

#### **OFFICIAL TRANSCRIPT**

(Sealed and Embossed - **DO NOT OPEN**)

How many copies? \_\_\_\_\_

#### **UNOFFICIAL TRANSCRIPT**

(For your records - You may open)

How many copies? \_\_\_\_\_

### DO YOU WISH TO:

Pick up records? ☐ YES ☐ NO

Authorize someone else to pick up records?  
Please provide complete name:

\_\_\_\_\_

Have us mail them? ☐ YES ☐ NO

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

FAX records? ? ☐ YES ☐ NO

FAX Number / Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Guardian

\_\_\_\_\_  
Today's Date

**Office Use Only:** Paid: ☐ YES ☐ NO

**Completed On:** \_\_\_\_\_ **By:** \_\_\_\_\_

**ID Verified by:** \_\_\_\_\_