Rejoice Christian School
13407 E 106th St N
Owasso, OK 74055
918.516.0050

Official Transcript Request Form

PERSONAL AND EDUCATIONAL INFORMATION

Student's Full Name: _____ Date of Birth: _____

Are you a current Rejoice student? ☐ Yes ☐ No

Are you a Rejoice High School Alumni? ☐ Yes ☐ No

Alumni Address: _____

City: _____ State: _____ Zip Code: _____

Alumni Email: _____ Phone #: _____

- *Alumni, please **submit a copy of your ID** with the request form.*

TRANSCRIPT REQUEST DETAILS

Delivery Method

☐ ***Email***

1. Educational Insituation Email: _____
2. Educational Insituation Email: _____
3. Educational Insituation Email: _____

- *A copy of the transcript will also be emailed to both the student and parent email addresses on file.*

☐ ***Standard Mail***

Educational Institution Name: _____

Educational Institution Address: _____

City: _____ State: _____ Zip Code: _____

☐ ***Student Pickup***

☐ ***Student & Parent Email / Alumni Email***

☐ ***Printed Copy*** *Number of copies:* _____

- ***Transcripts for student pickup** will be available at the front desk of Rejoice High School.*
- *Transcripts become **unofficial** when the envelope seal is broken.*

AUTHORIZATION AND CONSENT

☐ I acknowledge and consent to the release of my educational records as per the Family Educational Rights and Privacy Act (FERPA).

_____ _____

Parent or Alumni Signature Date

Please return this form to the Counseling Office (or email to transcripts@rejoiceschool.com) and allow three (3) business days for processing.

Office Use Only: ☐ Transcript sent ☐ Date _____ ☐ Initial _____