



# Transcript Request Form

8120 Carroll Avenue • Takoma Park, MD 20912  
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[www.ta.edu](http://www.ta.edu) • [kcollins@ta.edu](mailto:kcollins@ta.edu)

Transcript fee: \$10.00

## **Instructions:**

Use this form to ask Takoma Academy to release copies of your academic records to another educational institution. Transcripts will be mailed within 3-5 business days.

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## **Student Information:**

Student's full name while enrolled: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dates of Attendance at TA: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's signature (if student is under 18): \_\_\_\_\_

## **Please mail transcript to:**

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## **For Office Use Only:**

Request Received: \_\_\_/\_\_\_/20\_\_\_ Transcript fee:  paid  waived

Transcript Mailed: \_\_\_/\_\_\_/20\_\_\_ Fee paid by:  cash  check  Xpress-Pay