



Transcript Request Form

8120 Carroll Avenue • Takoma Park, MD 20912
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www.ta.edu • 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 sent within 3-7 business days.

Student's full name: _____ Date of Birth: _____

Dates of Attendance at TA: _____ Year Graduating: _____

Student's Signature: _____

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

College/University/Company Name	Insert Email Address or Mailing Address to Send Transcript

For Office Use Only

Request Received: ___/___/20__

Transcript fee: paid waived

Transcript Mailed: ___/___/20__

Fee paid by: cash check Xpress-Pay