



THE WOODLANDS
CHRISTIAN
A C A D E M Y

Transcript Transfer Form

Date: _____

Student Name: _____

I am requesting release of the following transcripts and records:

- Current report card
- grading scale
- Total high school credits accumulated
- Stanford Achievement Test scores
- medical records

Please send to:
The Woodlands Christian Academy
5800 Academy Way
The Woodlands, TX 77384
Phone: 936 273-2555
Fax: 936 271-3115

Parent/Guardian Signature

Print Name

Address

City, State, Zip Code