



PNEUMA CHRISTIAN ACADEMY
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Student Transcript Request Form

Student Information

Student Name: _____

Student DOB: _____

Grades/Years Attended PCA: _____ Graduation Date: _____

Contact Information

Parent/Legal Guardian's Name: _____

Home Address: _____

Phone Number: _____

Email: _____

Student Records Request: Transcripts requests may take up to 10 business days. There is a fee of \$15 per transcript.

Choose one and mark how you would like the transcript delivered:

Official Transcripts (Sealed)

Mailed to: _____

Printed to be picked up in Reception.

Unofficial Transcript

Emailed: _____
 Printed to be picked up in Reception

I, _____, Parent/Legal Guardian of the above-mentioned student grant permission for my child's transcripts to be printed, and/or mailed/mailed to the above-mentioned entity.

Printed Name & Signature

Date

Principal Signature

Date