

TRANSCRIPT REQUEST FORM

**Registrar
Campion Academy
300 SE 42nd St.
Loveland, CO 80537
Phone: 970-667-5592
Fax: 970-667-5104**

Please send an official and complete transcript of my academic record (including graduation date and GPA), and test scores to:

School _____

Address _____
Street and No. City State Zip Code

Name _____

Address _____
Street and No. City State Zip Code

Date of Birth _____

Graduation Date _____ Attendance Dates _____

I understand there is a \$3.00 charge for the processing of this request.

Signature _____ Date _____
