



Office of Student Services

Academic Planning College Admissions Counseling

TRANSCRIPT REQUEST

Student's Name: _____ Date: _____

Please send an official copy of my high school transcript* to:

Name of Institution: _____

Address: _____

*Unless otherwise noted, your high school transcript, the Hill Country Christian School Profile, and your current class schedule will be mailed to the address above within one week.

STUDENT SERVICES OFFICE USE ONLY

Date transcript mailed: _____

Included: School Profile _____

Student class schedule _____

Recommendations (if applicable) _____

Other _____

ADMISSIONS DECISION: _____ SCHOLARSHIP AMT. _____