



TRINITY OAKS
CHRISTIAN ACADEMY

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Transcript Request Form

Please print and mail, fax to 847-462-5972 or email to office@trinity-oaks.org

Name: _____ Phone # _____

Email: _____ Birthdate: _____ Year of Graduation: _____

Send Transcript to:

School Name: _____

Attention to: _____

Address: _____

City

State

Zip Code

Email: _____

Check One: Official Unofficial Unofficial
Sent directly to college/agency *available for pick-up* *email*

Signature: _____

(*Required)

Allow (5) business days for your request to be completed.

FOR OFFICE USE ONLY >>> Date Sent/Picked Up: _____

“...THAT THEY MAY BE CALLED OAKS OF RIGHTEOUSNESS,
THE PLANTING OF THE LORD, THAT HE MAY BE GLORIFIED.” ISAIAH 61:3