

REQUEST FORM

[This is NOT part of the enrollment forms. This is a Request Form for those items shown below.]

**Please plan ahead: our Records Office needs time to review and process these requests.
Allow for 5 to 7 working days to have your requests completed.
Also, please note that in some cases a fee is required (due with submission).**

▶ **Student:** _____
Student's Full Name Date of Birth

▶ **Address:** _____
Is this a new address since time of enrollment? No Yes

City: State: Zip: Phone:

▶ DOCUMENT / SERVICE REQUESTED:	COST	SUB-TOTAL
<input type="checkbox"/> High School Diploma (when all graduation requirements are met)	\$ No Charge	_____
<input type="checkbox"/> Early Diploma (requested before school's official graduation date)	\$ 20.00	_____
<input type="checkbox"/> Diploma Duplicate (replacement copy)	\$ 20.00	_____
<input type="checkbox"/> Diploma with Diploma Cover	\$ 50.00	_____
<hr/>		
<input type="checkbox"/> Transcript (Unofficial): (first request for current students only).	\$ No Charge	_____
<input type="checkbox"/> Transcript (Official: for student currently enrolled)	\$ 5.00	_____
<input type="checkbox"/> Transcript (Official: for student previously enrolled)	\$ 10.00	_____
<hr/>		
<input type="checkbox"/> Student's Driver's License Form (SF-1010)	\$ No Charge	_____
<input type="checkbox"/> Student's Driver's License Form (Additional request)	\$ 5.00	_____
<hr/>		
<input type="checkbox"/> Copies: Semester Reports (including test scores, ACT, etc.) . . \$	5.00	_____
<input type="checkbox"/> Copies: Student's File	\$ 15.00	_____
<hr/>		
<input type="checkbox"/> Enrollment Verification Letter.	\$ No Charge	_____
<input type="checkbox"/> Social Security Verification (forms provided by the State office).	\$ 5.00	_____
<input type="checkbox"/> College's Dual Enrollment (forms provided by the college, signed by us) . \$	5.00	_____
<input type="checkbox"/> Student-in-good-status Letter (for Insurance company)	\$ 5.00	_____
<input type="checkbox"/> Permission to Work Letter	\$ 5.00	_____
<input type="checkbox"/> Armed Forces Letter	\$ 5.00	_____
<input type="checkbox"/> ID Card Replacement	\$ 5.00	_____

Call when ready to pick-up.

Please mail to this address: _____
Name of Person or College

Please mail to this College: _____
Address

City State Zip

Credit Card: _____ Cardholder's Name: _____

Card #: _____ Expiration Date: _____ Sec. Code: _____

\$

▶ _____ Parent / Guardian's Signature Date: **Total Amount Included**

▶ **Send to: Aaron Academy, P.O.Box 2647, Hendersonville, TN 37077-2647 OR Fax: (615) 826-2597**