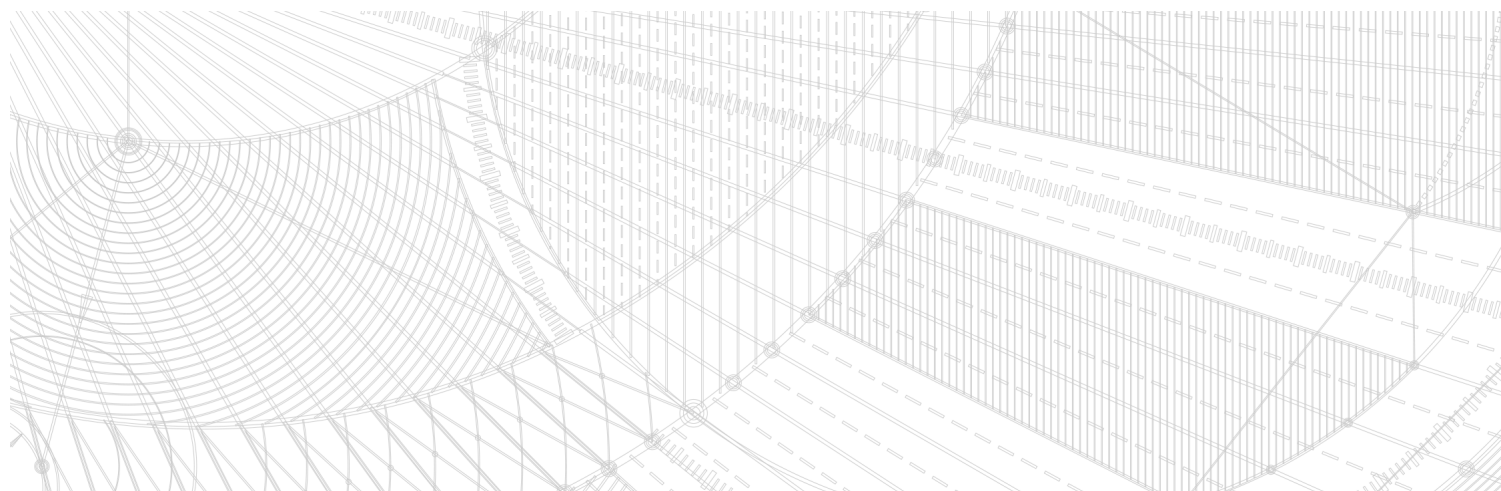


When requesting school forms...



- 1 The form on the following page lists the items you can request from our records office. Please note that some items include fees. You may deliver it, mail it, fax it, or use our online form.
- 2 Allow for 3 to 5 business days to process your requests. Please do not wait until the last day to submit requests, especially those that need to be mailed.
- 3 If your senior student is participating in a graduation ceremony other than our school's, you will need to order your diploma early. There's a \$30 fee. Please allow two weeks to have your diploma printed and mailed.
- 4 We do not keep copies of high school diplomas. Any replacements need to be requested and re-printed. There's a \$30 fee. Allow two weeks to process request.
- 5 When requesting a Student Driver's permit (SF1010) for a current student member, we require that a copy of their birth certificate, social security number, a curriculum list, and all semester reports be current and on file before it can be issued. The first copy is free and good for 30 days. Any additional copies are \$10 each.
- 6 Our office can help complete the school's section for Social Security Verification. The student must be enrolled in the current school year and have a curriculum list on file. The fee is \$10.
- 7 Copies of current transcripts for Insurance Company discounts require an official, sealed transcript. The fee is \$10.
- 8 Permission to Work letters for current student members are available upon request at no charge. Please include the following information: name of representative or manager, place of employment, address, city, state, and zip code.



REQUEST FOR SCHOOL FORMS

[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 3 to 5 business 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"/> High School Diploma (when requested for other graduation ceremonies) . . .	\$ 30.00	_____
<input type="checkbox"/> Diploma Duplicate (replacement copy)	\$ 30.00	_____
<input type="checkbox"/> Diploma with Diploma Cover (includes shipping)	\$ 60.00	_____
<hr/>		
<input type="checkbox"/> Transcript (Unofficial): first request for current high school students only . .	\$ No Charge	_____
<input type="checkbox"/> Transcript (Official): for student currently enrolled (K thru 12th grade)	\$ 10.00	_____
<input type="checkbox"/> Transcript (Official): for student previously enrolled (K thru 12th grade) . . .	\$ 15.00	_____
<hr/>		
<input type="checkbox"/> Student's Drivers Permit Form (Birth Certificate required)	\$ No Charge	_____
<input type="checkbox"/> Student's Drivers Permit Form (Additional request)	\$ 10.00	_____
<hr/>		
<input type="checkbox"/> Copies: Semester Reports (including test scores, ACT, etc.)	\$ 10.00	_____
<input type="checkbox"/> Copies: Student's File	\$ 30.00	_____
<hr/>		
<input type="checkbox"/> Enrollment Verification Letter.	\$ No Charge	_____
<input type="checkbox"/> Social Security Verification (forms provided by the State office).	\$ 10.00	_____
<input type="checkbox"/> College Dual Enrollment (forms provided by college, signed by us)	\$ No Charge	_____
<input type="checkbox"/> Student-In-Good-Status Transcript (for Insurance company)	\$ 10.00	_____
<input type="checkbox"/> Permission to Work Letter	\$ No Charge	_____
<input type="checkbox"/> School ID Card Replacement (per family)	\$ 6.00	_____

Call when ready to pick-up.

Please mail to this address:

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

_____ Address

_____ City State Zip

Debit/Credit Card: _____ Cardholder's Name: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

\$

Total Amount Included

▶ _____ Parent / Guardian's Signature Date

▶ **Send to: Aaron Academy, P.O. Box 1687, Gallatin, TN 37066 OR Fax (615) 452-7700** **Pg. 21**