



## POST High School Transcript Release Form

Name \_\_\_\_\_ Maiden Name if applicable \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Student Address \_\_\_\_\_

Student email \_\_\_\_\_ Student Cell # \_\_\_\_\_

*Requests must be submitted at least 7 days in advance to guarantee sufficient processing time. A processing fee of \$10.00 must be submitted before transcripts can be sent. Payment can be made to Columbus Preparatory Academy.*

By signing this form, I give consent for CPA to send transcripts and any other required documents to the address listed below:

\_\_\_\_\_  
Person or Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

STUDENT SIGNATURE: \_\_\_\_\_