



Official Transcript Request Form

Chelsea School

2970 Belcrest Center Dr., Suite 300
Hyattsville, MD 20782

Please Print Clearly

Name
(First) (Middle) (Last) (Maiden)

Current Address:

City, State, Zip:

Phone Number:

Email Address:

Date of Birth: Dates Attended Chelsea:

Graduate? **(Please circle one)**

☐ Yes

☐ No

Class of:

RESIDENCE WHILE AT CHELSEA SCHOOL

Address:

City, State, Zip:

TRANSCRIPT REQUEST : (Please check one or both)

☐ Official

☐ Not Official

For an official transcript, please list the name and address of the school where this transcript is to be sent.

Name:

Address:

City, State, Zip:

Please send this form to: **Debbie Lourie** at the address printed on the top of the form.

Please include a **stamped self-addressed envelope** with the address as to where you would like your transcript **to be sent**.

Please allow **1-2 weeks** response time.

SIGNATURE OF STUDENT AND DATE SIGNED: