



## Transcript Request Form

*(For students who have graduated or no longer attend ABLE)*

### Contact Information:

\_\_\_\_\_ Date Graduated of Last Attended

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ MI

\_\_\_\_\_ Current Address

\_\_\_\_\_ City

\_\_\_\_\_ State Zip

\_\_\_\_\_ Email address

\_\_\_\_\_ Daytime Phone Number

Number of copies requested: \_\_\_\_\_

Transcript should be mailed to the following address: (Fill out a separate request for each address a transcript is to be mailed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email if returning via email:  
[sandra.elder@ableschool.net](mailto:sandra.elder@ableschool.net)

Address if returning via mail:  
ABLE Christian School  
ATTN: Registrar  
78 Old Jackson Rd.  
McDonough, GA 30252

Parent and student, and any other parents/legal guardian (Releasing Parties), hereby forever release, discharge, acquit, and forgive from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgements, and proceedings both at law and in equity arising that the Released Parties may have against ABLE, its representatives, affiliates, successors, assigns, transferees, delegates, employees, tenants, and officers, (Released Parties) from any and all matters and liabilities including, but not limited to, any liability related to or in any way arising from maintenance, custody, and storage of student records, disbursement/disseminations and withholding of student records. The Releasing Parties covenant and agree to hold harmless Released Parties from any and all claims and liens which may be asserted against them arising out of the matters referred to and released above, by either of them or by person or entity acting by, through, or on behalf of them.

\_\_\_\_\_  
Signature (I certify that I am the person whose transcript is being requested) \_\_\_\_\_ Date

\_\_\_\_\_  
Signature (I certify that I am the guardian of the minor whose transcript is being requested.) \_\_\_\_\_  
Date



Please use the [Transcript Request form](#) to request a transcript.  
Request will be processed within (1) week.

Please email the completed transcript Request form to [sandra.elder@ableschool.net](mailto:sandra.elder@ableschool.net)

or

Mail the original, completed Transcript Request form to:

ABLE Christian School  
Attn: Registrar  
78 Old Jackson Rd.  
McDonough GA 30252

Please contact Mrs. Elder at 888-235-1230 ext. 1 or send an email to  
[sandra.elder@ableschool.net](mailto:sandra.elder@ableschool.net) if you have any questions.

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Current Seniors applying for college admissions must go through Dr. Wanda Cowan,  
Director of College Placement and Guidance for Transcripts.