DOMINION ACADEMY OF DAYTON

A Miami Valley Classical Christian School

Certified Transcript Request

Date_____

Name of Student _____ Date of Birth_____

Certified Copies of Transcripts are $5.00 each. Please allow one week for mailing of transcripts.

Number of transcripts requested _____ x $5.00 = _____ Total Fee

Parent's Signature: _____

Email address for confirmation: _____

Please provide complete mailing information below for each institution. Additional sheets may be attached:

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Office Use Only:

- ❑ Paid _____
- ❑ Mailed or picked up _____