



REQUEST FOR OFFICIAL ACADEMIC TRANSCRIPT

Please mail to: The Creative Circus
 Attn: J. Andrea Lapinski, Admissions Coordinator
 812 Lambert Drive NE
 Atlanta, GA 30324

Please complete a separate transcript request for each institution you have attended.

Name: _____

Name used in school (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

ID # or last 4 of social: _____ Date of Birth: _____

Name of School Attended: _____

Address of School Attended: _____

City: _____ State: _____ Zip: _____

Dates attended: _____ Date Graduated: _____

Signature
(Authorizing Transcript Release to The Creative Circus):

Date: _____

Transcript Fee (if known): \$ _____ (Student is responsible for all fees)

**812 Lambert Drive NE • Atlanta, GA 30324 • juanita.lapinski@creativecircus.edu
Phone: 866.685.8349 / 404.477.6700 • Fax: 404.875.1590**