



# Union Springs Academy Since 1921

PO Box 524, 40 Spring St., Union Springs, NY 13160 Phone: 315-889-7314 Fax: 315-889-7188

## Transcript Request Form

Fill in the blanks, sign and date the form, and Enclose \$10.00 Per Transcript request.

Please send a copy of my Transcript to:

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name of Student: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you very much!

*But those who wait on the Lord shall renew their strength; they shall mount up on wings like eagles...  
Isaiah 40:31*