



Georgia Cyber Academy High School

Transcript Request Form for Colleges|Universities

Authorization for Release of Transcript Affidavit

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY TO AVOID DELAYS IN PROCESSING YOUR REQUEST

Important Notification: It takes time for a transcript request to be processed. You need to make sure requests are submitted at least 10 school days prior to the college deadline. Processing time for all transcripts is 7-10 business days due to high volume. Paper transcripts will be sent to the college/scholarship program via US Postal Service.

Procedure for Transcript Request:

Step 1. Please complete this form in its entirety. Transcripts will not be mailed without the full mailing address of the receiving entity.

Step 2. There is a fee to cover this service. You must pay \$2 for EACH transcript sent via PayPal before transcripts are mailed. Please click on the following link for PayPal Instructions: [Transcripts PayPal Instructions](#).

Step 3. Please attach PayPal receipt along with the Transcript Request Form for Colleges/Universities and Driver's License/ID.

Step 4. Once complete mail, fax, or e-mail the required documents. If faxing or e-mailing please include subject line: Last Name, First Initial, and Student ID Number.

Procedure for Counselor Recommendation Request:

Step 1. Check the college (or scholarship) application/website you are applying to and see if a counselor recommendation is required.

Step 2. If a counselor recommendation is required, you must turn in a completed senior profile to your counselor. [Click here](#) for GCA Senior Profile Sheet. The turnaround time is two weeks to complete the recommendation.

Step 3. Submit the counselor recommendation request to your counselor via K-mail and your counselor will either complete it electronically (if possible) or complete it and send it to the office to be mailed.

Procedure for SAT/ACT Scores:

Step 1. Scores must be requested by student directly from SAT/ACT. Students are responsible for reporting SAT/ACT scores to colleges.

Step 2. SAT/ACT will send scores directly to colleges.

If you have any questions please contact the High School Records Dept. at 404-334-4790:

Last Names A-K | Aundrea Hardeman Ext. 106

Last Names L-Z | Ana Molina Ext. 135



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****Driver's License & PayPal receipt must be attached****

**Please attach copy of
Parent/Guardian
Driver's License**
Student license ONLY if student is 18 or older

All Georgia Cyber Academy student educational records are considered confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Parents/Students 18 or older must provide written, notarized consent to authorize the release of any educational records information to self or third party.

I understand that if my student is 18 or older, that he/she must request his/her own student information. I hereby consent to and authorize the release of the following information:

Student's First Name: _____ Student's Last Name: _____ Grade Level: _____
GCA Student ID#: _____ Student's DOB: ____ | ____ | _____ Year of Graduation: ____ | ____ | _____

I have read the above statement and, pursuant to the law - I hereby authorize the release of a copy of the school transcript to the following agency/institution named below:

*****PLEASE PRINT*****

1. Entity Name: _____ Office/Attention: _____ Street Address: _____ City, State, Zip Code: _____ Phone Number: _____	2. Entity Name: _____ Office/Attention: _____ Street Address: _____ City, State, Zip Code: _____ Phone Number: _____
3. Entity Name: _____ Office/Attention: _____ Street Address: _____ City, State, Zip Code: _____ Phone Number: _____	4. Entity Name: _____ Office/Attention: _____ Street Address: _____ City, State, Zip Code: _____ Phone Number: _____

Parent/Student (must be 18+) Print Name: _____

Parent/Student (must be 18+) Signature: _____ Today's Date: ____ | ____ | _____

Please Note: Processing time is 7-10 business days

Please Mail, Fax, or E-mail the completed form to:
Attn: High School Records Dept.
1745 Phoenix Blvd. Suite 100 Atlanta, GA 30349
Fax #: 404-684-8830
E-mail: transcripts@gacyber.org

For Office Use Only: Date Received: _____ Records Released By: _____ Date Released: _____