

Royal Academy
Transcript Request
(Allow 24 hours to process request.)

Date of Request: _____

Full Name During Enrollment: _____

Year of Graduation: _____ **OR** Date of Last Attendance: _____

Date of Birth: _____

Phone Number: () _____

In the blank, please fill in the number of official transcripts needed.

_____ Transcripts Needed

Please check the appropriate box and, if necessary, complete the mailing address.

_____ Transcripts will be picked up.

_____ Please mail transcripts to:

1) _____

2) _____

3) _____

4) _____

Please mail, fax, or email requests to: Royal Academy, PO Box 1056, Gray, ME 04039
Enclose \$9.00 per transcript or phone the office with credit card number.
Phone: 207-657-2880 Fax: 207-657-2404 Email: royala@securespeed.net