

Tamu Sana Kayama Preparatory Academy  
OFFICIAL TRANSCRIPT REQUEST FORM

REQUEST FROM: (Name, Social Security # and Address)

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I, \_\_\_\_\_, give \_\_\_\_\_ permission to  
(Student's name) (School providing transcript)

send \_\_\_\_\_ copies of my official transcript to Tamu Sana Kanyama Preparatory Academy.

Thank you

\_\_\_\_\_  
(signature, date)

WHERE TRANSCRIPTS SHOULD BE SENT  
(Address/Fax #)

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Please hold this request for:

\_\_\_\_\_ Grades  
(circle one) FALL SPRING SUMMER  
\_\_\_\_\_ Degree to be posted  
\_\_\_\_\_ Other

\*\* Please follow the procedures of each school/college/university for submitting this form to their Records Office. Thank you.\*\*

Tamu Sana Kanyama Preparatory Academy of Creative Arts and Media Technology  
5445 Buffington Rd. Atlanta, Ga. 30349

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