

Tamu Sana Kayama Preparatory Academy
OFFICIAL TRANSCRIPT REQUEST FORM

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

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 #)

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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