Canyonville Academy – A College Preparatory High School

CANYONVILLE ACADEMY TRANSCRIPT/VERIFICATION REQUEST FORM

Any money owed to Canyonville Academy will prevent processing of this request

_____

Last Name First Name MI Date of Birth (Month/Day/Year)

_____

Mailing Address City State Zip
(Where Documents Should Be Sent)

_____

Phone **Please note American name and/or maiden name used while at school**

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Diploma Copy	$20 x Quantity Requested	___	Express Mail to International Address
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Apostille	$50 x Document Requested	___	Includes $10 Fee to Oregon and free US Domestic Mailing via USPS
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Payment may be via cash (in-person), by check or by credit card (3% surcharge fee).
When paying by credit card, email info@canyonville.net and attach a copy of this signed document.
Or call Mr. Esparza 541-839-4401 to pay by phone with Credit card (3% surcharge fee).

Student or Parent (if student is under 18 years old) Signature/Date:_____

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