



**GOLD MEDAL HONORS ACADEMY**  
**REQUEST FOR TRANSCRIPT**  
(please print/type clearly)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

Please send a transcript to the following:

NAME: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fee is \$5.00 and must be paid when requesting transcript. Make checks payable to JimKata Consultants Inc.

Request is to be mailed to:

JimKata Consultants Inc.  
P.O. Box 196877  
Winter Springs, FL 32719