

DAYSPRING ACADEMY REPLACEMENT FORMS

Name: _____

Address: _____ City/zip: _____

Cell: _____ Home Phone: _____

Email: _____

Student Information (if applicable)

Name	Age/Birthdate	Grade / Graduation date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- _____ **Total Enclosed** () PayPal: DaySpringAcademy1996@gmail.com
() MO () check-allow 2 weeks for processing
() \$10 -- Replacement CSEF
() \$17 – Replacement Diploma-(must send in copy of transcript with request
() \$7 – Replacement Transcript- must send in copy of Diploma with request
() \$0- copy of Existing transcript sent to a college.(Verify by email we have your transcript, then send in a stamped envelope addressed to the school of choice.
() 3% Service Fee when using PayPal

Read and Initial ALL:

_____ I have included a SASE (Self Addressed Stamped Envelope)

_____ I have included all forms needed (as stated above):

- () Copy of Diploma
- () Copy of Transcript

Signature

Date