



**REQUEST FOR ACADEMIC TRANSCRIPT**

**Personal Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Year Graduated \_\_\_\_\_ Current Occupation \_\_\_\_\_

Are you interested in participating in Alumni Activities \_\_\_ Yes \_\_\_ No

**ALL DEBTS MUST BE PAID BEFORE TRANSCRIPTS WILL BE RELEASED**  
**THERE IS A \$3.00 FEE PER TRANSCRIPT.**  
*Allow 2 weeks for transcripts to be processed.*

I authorize Fayetteville Christian School to release my transcript and forward to the Institution named below.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of copies to be sent: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

Student is responsible for address

**This Space for Registrar's Office Use Only**

Date Mailed \_\_\_\_\_ Signature \_\_\_\_\_

Transcript Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Check Number \_\_\_\_\_ Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ Incomplete file

\_\_\_ Returned check(s)

\_\_\_ Business Office (Tuition/etc)

\_\_\_ Book Fee

\_\_\_ Cap & Gown

Amount Owed \_\_\_\_\_

Amount Owed \_\_\_\_\_

Amount Owed \_\_\_\_\_

Amount Owed \_\_\_\_\_