



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 _____