



REQUEST FOR ACADEMIC TRANSCRIPT

Personal Information

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

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

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

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

Graduates who graduated before 2010, please complete the following:

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

**All debts must be paid before final transcripts will be released.**  
*Allow 2 days for transcripts to be sent.*

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: \_\_\_\_\_

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

If unable to send the transcript, please check the reason below.

<input type="checkbox"/> Returned check(s)	Amount Owed _____
<input type="checkbox"/> Business Office (Tuition/etc)	Amount Owed _____
<input type="checkbox"/> Book Fee	Amount Owed _____
<input type="checkbox"/> Cap & Gown	Amount Owed _____
<input type="checkbox"/> Other	Amount Owed _____