



FCS TRANSCRIPT REQUEST FORM

Check here if requesting a completed Driver's License/Permit Form (SF-1010)

Pick-Up Mail

Student Name: _____

SSN: _____

Year of High School Graduation: _____

Contact Phone Number: _____

Reason for Request: College School Transfer Insurance Other

(Please Circle One)

Names and addresses * of Colleges/Universities/Organizations/Persons requiring transcript:

1) Name: _____

Address: _____

2) Name: _____

Address: _____

3) Name: _____

Address: _____

* Request will not be processed unless a mailing address is provided!

Attach an additional sheet of paper if more space is needed for names and addresses.

Application/Postmark Deadline: _____

If there are any special instructions or reminders related to this request or your application, please write them in the space below:

Signature of Person Requesting Transcript: _____

Date: _____ Relation to Student: _____

You must allow 10 business days, from the date this form is received in this office, for the transcript request to be processed and mailed.