



# 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: \_\_\_\_\_

**Note: Requests made for graduated students will incur a \$5 fee per transcript requested. Payable to FCS.**

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 name and complete mailing address has been 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: \_\_\_\_\_

*(If a student is 18 years or older, he/she must sign the request or FCS will not accept the request.)*

**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.**