

FCCOLLEGE TRANSCRIPT REQUEST FORM

YOUR INFORMATION

Name: _____
First Middle Last Former/Maiden

Address: _____
Street

City State Zip Code

Dates Attended: _____ Phone: _____

Birth Date: _____ Email: _____

ORDER: TRANSCRIPTS CAN BE PICKED UP AT MAIN OFFICE OR MAILED ONLY

Number of Copies _____ **Un-Official Transcript** (\$5.00) will be processed within 3-5 business days

Number of Copies _____ **Official Transcript** (\$10.00) will be processed within 3-5 business days

Total number of Transcripts requested: _____ Total amount due: _____

MAILING INFORMATION:

I authorize my transcripts to be mailed to: Myself, at the address listed above; To the address listed below;
 I will pick up at the Main Office in Vancouver, WA

Name/Organization: _____

Attention to (Optional): _____

Address: _____
Street

City State Zip Code

Student Signature: _____ Date: _____

METHOD OF PAYMENT: ALL FINANCIAL BALANCES MUST BE CLEARED BEFORE TRANSCRIPTS CAN BE RELEASED

- Cash enclosed
 Check enclosed

CONTACT INFORMATION:

Mail: Faith Christian College
Attn: Registrar
11608 NE 107th Street
Vancouver, WA 98662

Phone: (360)843-6567

Email: hlarsen@fccollege.org