

**FIRST ASSEMBLY CHRISTIAN SCHOOL**

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**REQUEST FOR HIGH SCHOOL TRANSCRIPT**

NAME OF STUDENT: \_\_\_\_\_  
FIRST NAME MIDDLE LAST

YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

Please mail official transcript to:

NAME OF COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Please indicate when transcript should be mailed:

Immediately {  }

After First Semester {  }

Final {  }

A \$2.00 fee is charged for each transcript. A record of each transcript sent is kept in the guidance office.

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

Received fee on \_\_\_\_\_ by \_\_\_\_\_  
DATE CLERK

Transcript mailed on: \_\_\_/\_\_\_/\_\_\_

