



Friendship Christian School Transcript Request Form

Date: _____

Name: _____

Dates/Grades Attended: _____

Year of Graduation: _____

Transcript should be sent to:

College/Institution: _____

Street Address: _____

City, State, Zip: _____

Fax: _____

I authorize Friendship Christian School to release my high school transcript to the above named institution.

Signature: _____

Office Use Only:

Date Sent: _____

Signature: _____

Transcript Request #: _____ Paid: _____ Cash _____ Check # _____

- *Each student may request three (3) transcripts at no charge. There is a \$5.00 processing fee for each additional transcript request.*
- *Please allow five (5) business days for your transcript request to be processed.*