

Transcript Request Form

Please allow 5 working days for the transcript to be processed.

Name: _____ Date: _____

Grade: _____ Year of Graduation: _____

Transcript should be sent to:

College / Place: _____

Street Address: _____

City, State, Zip: _____

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

Signature: _____

Office Use Only:

Official / Unofficial Current / Fall

Date Sent: _____ Signature: _____

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