

Transcript Request Form



FRIENDSHIP
CHRISTIAN SCHOOL

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.

Name: _____ Date: _____

Former Name (if any): _____

Email: _____ Phone: _____

Date(s)/Grades Attended: _____

Year of Graduation/Separation: _____

Send transcript to the following College/Institution

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Send transcript to the following College/Institution

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Send transcript to the following College/Institution

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

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

Signature: _____

Office Use Only

Date Received: _____ Date Processed: _____ Processed By: _____

Total Due: _____ Paid: Cash Check # _____ Total # of Transcript Ordered: _____

Friendship Christian School
5510 Falls of Neuse Road
Raleigh, NC 27609

phone: 919.872.2133
fcsmail@friendshipchristian.net
www.friendshipchristian.net