

Faith Training High School
Transcript Request

Student Name: _____
(please print) Last First Middle

DOB (MM/DD/YYYY): _____

Student/Parent Signature: _____

Parent/Guardian Name: _____
(If completed by parent/guardian, please print)

Transcript Request for: (Check all that apply)

College Application

School Transfer

Scholarship

Personal (insurance, DMV, work, etc.)

Number of copies needed _____

****Transcripts will be mailed directly to colleges or transferring schools****

Name of College/School: _____

Attn: ** _____ **

Address: _____

** Make sure you have the correct
department.**
(Admissions, Registrar, etc...)

Deadline Date: _____

Special Notes: _____

Check here if additional Colleges/Universities are on back of form.

Office Use Only:

Hold Request:

Transcript(s) sent:

Grades(Midterm Final)

Mailed Date: _____

Other

Sent with student or parent

Authorized Signature: _____

Date: _____

Name of College/School: _____

Attn: ** _____ **

Address: _____

**** Make sure you have the correct
department.**
(Admissions, Registrar, etc...)**

Deadline Date: _____

Special Notes: _____

Name of College/School: _____

Attn: ** _____ **

Address: _____

**** Make sure you have the correct
department.**
(Admissions, Registrar, etc...)**

Deadline Date: _____

Special Notes: _____

Name of College/School: _____

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department.**
(Admissions, Registrar, etc...)**

Deadline Date: _____

Special Notes: _____