

Transcript Request Form



Student ID # or Social Security # (leave blank if unknown) _____ Birth date _____

Name _____ Former name(s) _____

Home Address _____

City _____ State _____ Zip _____

Home phone _____ Work _____ Cell _____

_____ How many transcripts do you want?

_____ I want to **Pick up** my transcripts
(Photo ID required)

_____ **Mail** to my home address

_____ **Mail to** address(es) listed below

Select processing time

_____ **Now** (3 business day turn-around time)

_____ **After my grades are posted** (Circle semester)
Fall, JanTerm, Spring, Summer _____

_____ **After graduation notation is added**
January, May, August, December

Enter recipient address(es) here:

1. _____

2. _____

Please read the following carefully before submitting form:

- I understand that the address(es) listed above must be complete or transcript(s) will not be sent.
- I understand all financial/library obligations to FCC must be cleared before transcripts will be released.
- I certify that I am the above listed person requesting transcripts of my academic record.
- This form will serve as a change of address form if my address listed does not match the one on record.
- Please fill out separate forms for different processing times.
- There is no fee for transcripts. Forms will be processed within 3 business days. We offer no rush service.
- Unofficial transcripts are available online to students that know their student ID number.

Student signature (REQUIRED)

Date

☛ Mail form to: FCC- Registration Office 7932 Opossumtown Pike Frederick, MD 21702	☛ Fax this completed form to: 301-624-2799 *We will not fax transcripts back to you	☛ E-mail scanned form to: transcriptrequest@frederick.edu *No electronic signatures accepted
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Office use only: _____ Date/Initial received
 _____ Date/Initial completed _____ # Processed _____ Holds