

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 _____ Cell _____ Email _____

How many transcripts are you requesting? _____ **Select processing time:**
How would you like to receive your transcripts?
_____ **Now** (3 business day turn-around time)
_____ **I want to Pick up** my transcripts (Photo ID required) _____ **After my grades are posted** (circle semester)
_____ **Mail** transcripts to address(es) listed below Fall, JanTerm, Spring, Summer
_____ **After graduation notation is added**
January, May, August, December

Enter mail recipient address(es) here:
1. _____ Home address (address above)
2. _____ 3. _____
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- 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 in person with Photo ID or online with your student ID number if you attended within the last two years.

Student signature (REQUIRED) _____
Date

<p>✉ Mail form to: FCC- Registration Office 7932 Opossumtown Pike Frederick, MD 21702</p>	<p>✉ Fax this completed form to: 301-624-2799 *We will not fax or email transcripts back to you</p>	<p>✉ E-mail scanned form to: transcriptrequest@frederick.edu *No electronic signatures accepted</p>
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Office use only: _____ Date/Initial received _____ # Sent ET
_____ Date/Initial completed _____ # Mailed/pkup _____ Fin Holds