

FIRST ASSEMBLY CHRISTIAN SCHOOL

8650 Walnut Grove Road

Cordova, Tennessee 38018

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Director of School Counseling

Jeannie Smeltser (email: jsmeltser@facsmemphis.org)

REQUEST FOR HIGH SCHOOL TRANSCRIPT

NAME OF STUDENT: _____
FIRST NAME MIDDLE LAST

YEAR OF HIGH SCHOOL GRADUATION: _____

Please mail official transcript to:

Office of Admissions

Name Of College: _____

Address: _____

City /State /Zip Code: _____

Please indicate when transcript should be mailed:

Immediately { }

After First Semester { }

Final { }

Please place a check mark here if you have completed your resume and would like it sent with your transcript.

A \$2.00 fee is charged for each transcript. A record of each transcript sent is kept in the guidance office.

STUDENT'S SIGNATURE

Received fee on _____ by _____
DATE CLERK

Transcript mailed on: ___/___/___

