

FIRST ASSEMBLY CHRISTIAN SCHOOL

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Cordova, Tennessee 38018

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Director of School Counseling

Jeannie Smeltser (email: jsmeltser@facsmemphis.org)

REQUEST FOR FINAL HIGH SCHOOL TRANSCRIPT

NAME OF STUDENT: _____
FIRST NAME MIDDLE LAST

YEAR OF HIGH SCHOOL GRADUATION: _____

Please mail my official final transcript to:

Office of Admissions

Name Of College: _____

Address: _____

City /State /Zip Code: _____

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

STUDENT'S SIGNATURE

Received fee on _____ by _____
DATE CLERK

Transcript mailed on: ____/____/____

