

## Transcript Request Form

An official transcript may be requested by mail, fax or in person. Please complete the form and return to the location you attended. Transcript requests will be processed within 5 business days while school is in session. A longer period of time may be required during end of semester processing. Requests made during school breaks will be processed when school is resumed. Please see the school calendar on [www.faithaca.org](http://www.faithaca.org) for days of operation.

**Note:** We cannot release your transcript if you owe money to Faith Academy. Your signature is required to release your transcript.

**Faith Academy, Buford Office**  
4705 Hamilton Mill Road, Suite 300  
Buford, GA 30518  
Fax (770) 271-7557

**Faith Academy, Loganville Office**  
2571 Highway 78  
Loganville, GA 30052  
Fax (770)554-0123

**Faith Academy, Conyers Office**  
2431 Iris Drive SE, Suite A  
Conyers, GA 30013  
Fax (770) 929-9510

**Faith Academy, Stockbridge Office**  
4518 North Henry Blvd, Suite 114  
Stockbridge, GA 30281  
Fax (678) 289-3331

**Please print all information below.**

**Name:** \_\_\_\_\_

**Maiden Name and/or Previous Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth (Month, Day, Year):** \_\_\_\_\_

**Date of Graduation (Month, Year):** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name(s), Address(es) and Fax number transcript should be sent to:**

1. Number to be sent: \_\_\_\_\_

2. Number to be sent: \_\_\_\_\_

\_\_\_\_\_

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**By signing, I certify I am the student or parent/legal guardian of the student and authorized to request this information.**

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_