

## Transcript Request Form

An official transcript may be requested by mail, online, or in person. For online requests use the online form. For mail or in person requests, please complete the information below and submit to the campus 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.faihaca.org](http://www.faihaca.org) for days of operation. There is no immediate or rush service available. The fee for each transcript request is \$5.00.

Fees for mailed request are payable by money order or cashier's check only. (Checks issued by schools and colleges are accepted). In person requests are also payable in cash. **Personal checks are not accepted.**

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

**Faith Academy, Conyers**  
2445 Salem Road SE  
Suite 204D  
Conyers, GA 30013

**Faith Academy, Stockbridge**  
4518 North Henry Blvd,  
Suite 114  
Stockbridge, GA 30281

**Faith Academy, Loganville**  
2571 Highway 78  
Loganville, GA 30052

**Faith Academy, Suwanee (Buford)**  
1300 Peachtree Industrial Blvd  
Suite 2203  
Suwanee, GA 30024

**Please print all student information below.**

**Name:** \_\_\_\_\_  
*First Middle Last (Maiden/Previous Last Name)*

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

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

**Current Information:**

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

**Phone Number:** \_\_\_\_\_  
*Home/ Cell*

**Please print all information below to indicate where the official transcript is to be sent:**

\_\_\_\_\_  
*Name of College/School/Employer*

\_\_\_\_\_  
*Address of College/School/Employer*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Fax number of College/School/Employer*

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

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