

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.faithaca.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.

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|---|---|---|
| <input type="checkbox"/> Faith Academy, Buford 4705 Hamilton Mill Road, Suite 300 Buford, GA 30518 | <input type="checkbox"/> Faith Academy, Loganville 2571 Highway 78 Loganville, GA 30052 | <input type="checkbox"/> Faith Academy, Locust Grove 479 Tanger Blvd. Locust Grove, GA 30248 |
| <input type="checkbox"/> Faith Academy, Conyers 2445 Salem Road SE Suite 204D Conyers, GA 30013 | <input type="checkbox"/> Faith Academy, Stockbridge 4518 North Henry Blvd, Suite 114 Stockbridge, GA 30281 | |

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: _____