Transcript Request Form

_____

School from which transcript is requested

_____

Student Address *City* *State* *Zip*

_____

Name (Last, First and Middle Initial)

_____

Name on transcript if different form above (i.e. maiden name) *Social Security No.*

Dates Of enrollment: From_____ To_____

Please send one (1) Official Transcript to:

_____

Student Signature

$15 processing fee per transcript – standard rate, up to 15 business days for arrival
$25 processing fee per transcript – RUSH, up to 5 business days for arrival

Arrival time is not guaranteed

Please make checks payable to FICU. Payments can be made over the phone using your major credit card or checking debit card by calling (800) 509-7009. You may also fax this request with your credit card information to (209) 384-3251.

PRINT CLEARLY AND LEGIBLY
INFORMATION THAT IS UNREADABLE WILL BE RETURNED UNPROCESSED

Credit Card Authorization One Time Payment of $_____

Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

3-diget Code (located on the back of the card) OR 4-diget for AmEx located on front: _____

Name as it appears on Credit Card: _____