

5850 Eaglehead Drive, Ijamsville , MD 21754

Phone: 240-566-9430 Fax: 240-566-9440

OFFICIAL TRANSCRIPT REQUEST FORM

Please complete the following form and email it to Sherri.Krivos@fcps.org

Once the transcript is processed, we will contact you. Processing usually takes 1-3 business days. Students are responsible for mailing their own transcripts.

SAT/ACT Scores: All SAT and ACT scores must be submitted by the student, via [www.collegeboard.com](http://www.collegeboard.com) (for SAT) and [www.ACT.org](http://www.ACT.org) (for ACT).

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| --- | --- | --- | --- |
| Student’s Name: |  | Date of Birth: |  |
| Last Year Attended or Year of Graduation: |  |
|  |
| Email Address: |  |
| Phone: |  |
|  |
| How many official hard copies do you need? |  |
|  |  |
| Do you need a counselor recommendation? If yes, how many? |  |
|  |  |
| Why are you requesting a transcript? (ex. College App., scholarship, etc.) |  |
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|  |  |
| **FOR OFFICE USE ONLY** |
|  |
| Date Received: |  |
|  |
| Date Released: |  |
|  |
| Amount Paid: |