

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](mailto: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: | |  | | | | |
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| Email Address: | | |  | | | |
| Phone: | | |  | | | |
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| How many official hard copies do you need? | | | |  | | |
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| Do you need a counselor recommendation? If yes, how many? | | | |  | | |
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| Why are you requesting a transcript?  (ex. College App., scholarship, etc.) | | | |  | | |
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| **FOR OFFICE USE ONLY** | | | | | | |
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| Date Received: |  | | | | | |
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| Date Released: |  | | | | | |
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| Amount Paid: | | | | | | |