

# Transcript Request

**To: The Registrar**

\_\_\_\_\_  
Educational Institution

\_\_\_\_\_  
Street Address

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

**From:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

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

*Please send one copy of my academic record  
with seal affixed to the address below:*

Admissions Office  
Faith Christian University  
210 N. Bumby  
Orlando, Florida 32803



\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name While Attending

\_\_\_\_\_  
Signature



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