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**FAITH CHRISTIAN UNIVERSITY**  
6000 EAST COLONIAL DRIVE – ORLANDO, FL 32807  
WWW.FCU.EDU    407-382-9477    EMAIL: ADMISSIONS@FCU.EDU

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## TRANSCRIPT REQUEST FORM

**TO:**

\_\_\_\_\_  
Name of Principal or Registrar

\_\_\_\_\_  
Name of High School or College/University

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State and Zip Code

**FROM:**

\_\_\_\_\_  
Student's Present Last and First Name

\_\_\_\_\_  
Student's Maiden Name and Any Other Last Name

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

\_\_\_\_\_  
Actual or Approximate Dates of Attendance

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date of Request

**REQUEST FOR TRANSCRIPT:**

Please send a copy of my transcript to:

**FAITH CHRISTIAN UNIVERSITY  
REGISTRAR OFFICE  
6000 EAST COLONIAL DR.  
ORLANDO, FLORIDA 32807**