

Transcript Request form

Please mail this completed form along with a photo copy of your driver's license or other official identification and \$5.00 if requesting transcript to be mailed or \$10.00 if transcript is to be faxed (cash, check, or money order) per copy of transcript requested to:

Fort Scott Community College, Attn: Registrar Office, 2108 S. Horton, Fort Scott, KS 66701; FAX (620) 223-6530

DATE: _____ BIRTHDATE: _____

STUDENT ID OR SSN: _____

PRINT NAME: _____

SIGNATURE: _____

OTHER LAST NAMES: _____

CURRENT ADDRESS

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

FSCC graduation date: _____ Dates Attended FSCC: _____

Number of transcripts needed: _____

Please check applicable items below:

Send after grades are posted: _____

Send after degree is posted: _____

Send now: _____

Address where transcript is to be mailed (\$5.00 fee/copy):

Name: _____

Department: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Fax Number (\$10.00 fee/copy): _____

NO TRANSCRIPTS WILL BE SENT UNTIL FUNDS HAVE BEEN RECEIVED.