



Office of the Registrar
2108 S Horton
Fort Scott, KS 66701
(620) 223-2700

Transcript Request Form

Student ID or SSN: _____ Date: _____

Name: _____
Last First Middle Maiden/Previous

Birth Date: ____/____/____ Email: _____ Phone #: _____

Street: _____

City, State, Zip: _____

3rd Party Pickup (if applicable): _____

I authorize the person named as 3rd party to pick up my transcripts (The designee above must present photo ID).

Student Signature: _____

Update my permanent address and/or name. *Note: Address update may change residency status for tuition and fee purposes.

The College will **not** provide an official transcript to any student or alumnus who has not met his or her financial obligations to FSCC. Payment must be submitted at the time of request. Requests submitted without payment will not be processed. Payments with Credit/Debit cards must be made with an online request at www.fortscott.edu.

Number of Copies: _____ There is a \$5.00 fee per copy.

Send Transcript:

- Now – allow 3 working days, plus more time during enrollment periods and at the end of term.
- After grades at the end of term – allow 3 weeks.
- After degree designation has been placed on transcript at the end of term –Allow 3+ weeks.

Currently Enrolled: Yes _____ No _____

If not, approximate dates of attendance: _____

Print clearly where transcript is to be sent:

(School / Name)

(Department)

(Address)

(City) (State/Zip Code)

(Fax)

Office Use Only

Receipt: Cash \$ _____ Credit Card \$ _____ Money Order: \$ _____

Check \$ _____ Date _____ Initials _____