



## Transcript Request

Students please fill this form out and return it to your previous school(s) with any applicable fees.

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**High School or College name**

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**Address:**

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**City            State            Zip Code**

**Name under which enrolled:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**High School Graduation date (if applicable):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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**Student's Signature**

**Date**

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**PLEASE SEND AN OFFICIAL TRANSCRIPT TO:**

**Faulkner State College  
Attn: Admissions Office  
1900 Highway 31 South  
Bay Minette, AL 36507**

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**FAIRHOPE**

**BAY MINETTE**

**GULF SHORES**

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**1.800.231.3752**