



E-scrip Transcript Request

24 to 48 hour processing time

ALL FIELDS OF THIS FORM ARE REQUIRED TO BE COMPLETED

College name

Recipient FICE code & EXT., or email address

Network participants will have a FICE code, if they are not a participant you will need to provide an email address for the recipient

Student email address

Student Name: _____

Student ID or SSN#: _____

Date of Birth: _____

Student's Signature

Date

PLEASE TRANSCRIPT: _____ IMMEDIATELY

_____ AFTER GRADES ARE POSTED

Completed forms may be faxed to: 251.580.2285; mailed; or delivered to any campus location.

By filing out and signing this request you are authorizing Faulkner State Community College to electronically deliver your official transcript to the above requested recipient. Please contact 251.580.2227 with any questions.

FAIRHOPE

BAY MINETTE

GULF SHORES