

# Faith Christian Academy



450 W. Elm Avenue  
Coalinga, CA 93210  
(559) 935-9209  
FAX (559) 935-0745



# Faith Christian High School

Mrs. Tara Davis  
Principal

### OFFICIAL TRANSCRIPT REQUEST FORM INSTRUCTIONS

Complete all sections of the form as indicated and enclose a check or money order payable to Faith Christian Academy or provide Credit Card information and mail to the address on transcript form. If you want to pay by credit card you can fax the credit card information to 559 935-0745.

Name-Please Print:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names Used \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Student Signature to Authorize the Release of Student  
Records: \_\_\_\_\_

|                       |     |     |     |      |      |
|-----------------------|-----|-----|-----|------|------|
| Number of Transcripts | 1   | 2   | 3   | 4    | 5    |
| Cost                  | \$4 | \$6 | \$8 | \$10 | \$12 |

Number of Transcripts Requested: \_\_\_\_\_  Check Box If You Will Be Picking Up Transcripts

IF PAYING BY CREDIT CARD Type of Credit Card Being Used: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_ Zip Code \_\_\_\_\_

Name As It Appears On The Card: \_\_\_\_\_