

Faith Christian Academy



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(559) 935-9209
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Faith Christian High School

Mrs. Rebecca Buckner
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 559-821-5574.

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	\$10	\$20	\$30	\$40	\$50
International Shipping	Additional \$100				

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 _____
(3.75% will be added to all c/c transactions)

Name As It Appears On The Card: _____

Home of the Mighty Warriors!