

Florida Christian College
1011 Bill Beck Blvd.
Kissimmee, Florida 34744

REQUEST FOR
FLORIDA CHRISTIAN COLLEGE
ACADEMIC TRANSCRIPT

Present Name

Name Used at Florida Christian College

**Student
Information**

Student's Present Mailing Address

City, State, Zip

(____) _____ - ____ - ____
Current Phone Number (Daytime) Social Security Number

Dates of Enrollment: _____ to _____

E-mail address: _____

Number of Transcripts Requested _____

Mail Transcript to:

**Mailing
Instructions**

Name of Institution/Organization

Address of Institution/Organization

City, State, Zip

**Payment
Details**

- *The charge is \$5.00 per transcript. If you wish to pay with credit card, please visit <http://www.fcc.edu/admissions/transcriptrequest.asp>. Sorry, we do not accept checks.*
- *Transcripts will not be released unless all accounts are paid in full.*

Student's Signature Required

Date

For Office Use Only

Transcript Fee: Cash Credit Amt.: \$ _____

Account Clearance: No balance

Date Sent: _____

Processed by: _____