

Fountain-Fort Carson High School

Request for Official Transcripts

Please fill out a **separate** form for each transcript you request

Please complete appropriate sections

Please complete all sections

Last Name (while attending District 8)

First Name

School Graduated From

Graduation Year

Date of Birth

Please provide the name and address of college, scholarship or other agency to which official records are to be sent:

Name of College/Scholarship/Agency_____

Attention_____

Address_____

City/State_____ ZIP_____

Home Address – ONLY if requesting an Official Transcript to be sent to your home

Please provide a home address where official records are to be sent:

Name_____

Address_____

City/State_____ ZIP_____

Student Signature _____ Date_____

Please FAX to 719.382.4792 or e-mail completed form to Transcript-Request@ffc8.org

Allow 2-3 business days for processing.

Office Use Only

Date Request Received_____

Date Request Completed_____ By Whom_____

Notes: