



“Home of the Falcons”

Transcript Request

****Please allow 5 business days to process your transcript request.****

There is a \$5.00 processing fee (cash, check, or money order) for **EACH** transcript requested. Your transcript will **NOT** be processed until payment is received. Please make checks & money orders payable to: Faribault High School or FHS. If you have any questions, please contact the Faribault High School Counseling Office at 507.333.6200 or sfritz@faribault.k12.mn.us

****This fee does not apply to current seniors of FHS****

Name: _____	Maiden Name
Street Address: _____	(if applicable): _____
City, State, Zip _____	Date of Birth: _____
	Phone Number: _____

Graduated from: _____ Faribault H.S. _____ Faribault Area Learning Center (ALC)

Year of Graduation _____ **OR Last Year Attended** _____

I am requesting a copy of my official transcript be mailed to:

Name of College or Employer: _____

Address: _____

Name of College or Employer: _____

Address: _____

Please mail completed form and processing fee to the following address:

**Faribault High School-Records Office
330 9th Avenue SW * Faribault, MN 55021**

Signature

Date