Faribault High School

"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

Name: _____ **Maiden Name (if applicable):** _____

Street Address: _____ **Date of Birth:** _____

City, State, Zip _____ **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**