Office Use Only
Date Received: _____
Date Mailed: _____

FCS TRANSCRIPT & DOCUMENT REQUEST FORM

☐ **Check here if requesting a completed Driver's License/Permit Form (SF-1010)**

☐Pick-Up ☐Mail ☐E-mail

Student Name: _____

Date of Birth: _____ Year of High School Graduation: _____

Note: Requests made for graduated or withdrawn students will incur a $15 fee per transcript recipient, payable to FCS by Venmo or by check mailed to 1021 Windcross Ct., Franklin, TN 37067, Attn. Records.

Reason for Transcript Request: College School Transfer Insurance Other
(Please Circle One)

Names and Email Address/Mailing Address of Recipient:*

1) Recipient Name: _____

Email Address: _____

Address: _____

2) Recipient Name: _____

Email Address: _____

Address: _____

3) Recipient Name: _____

Email Address: _____

Address: _____

* Requests will not be processed unless the full school name and address has been provided. Attach an additional sheet of paper if more space is needed for names and addresses.

College Application/Postmark Deadline: _____

If there are any special instructions or reminders related to this request or your application, please write them in the space below:

_____

_____

Signature of Person Requesting Transcript: _____

Date: _____**Relation to Student**: _____
(*If a student is 18 years or older, he/she must sign the request or FCS will not accept the request*.)

You must allow 10 business days, from the date this form is received in this office, for the transcript request to be processed and mailed.

UPDATED 03/2026