

Transcript Request from FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY

All information is required. Incomplete requests will not be processed

***ONE REQUEST FORM = ONE TRANSCRIPT* If you desire two transcripts, please submit two forms.**

Name (Last, First and Middle Initial): _____

Address (Include City, State, Zip): _____

Name on transcript: _____

Social Security No. _____ Date of Birth: _____

Dates of enrollment: From _____ To _____

Transcript to be mailed to:

Institution's Name: _____

Attention to: _____

Street Address: _____

Unit, Suite, or Floor number: _____

City, State, Zip: _____

ORIGINAL SIGNATURES ONLY

Student Signature: _____ Date: _____

**Please fax to (209) 384-3251 or mail to FICU, PO Box 3979, Merced, CA 95344-1979
\$15 processing fee per transcript – standard rate, up to 15 business days for arrival
\$25 processing fee per transcript – RUSH, up to 5 business days for arrival**

Due to the US postal system, arrival times are not guaranteed

Please make checks payable to FICU. Payments can be made over the phone using your major credit card or checking debit card by calling (800) 509-7009. You may also fax this request with your credit card information to (209) 384-3251.

PRINT CLEARLY AND LEGIBLY. INFORMATION THAT IS UNREADABLE WILL NOT BE PROCESSED

Payment Amount: _____

Card Type: _____ **Card Number:** _____

Expiration Date: _____ **Billing Zip Code:** _____

3-digit Code (located on the back of the card) OR 4-digit for AmEx (located on front): _____

Name as it appears on Credit Card: _____