

Transcript Request Form

For High School Transcripts Only

Important: Please complete below and return with your application.

As a convenience to you, Faulkner University will request your transcript on your behalf. (Type or print in black ink.)

High School: _____

City: _____ State: _____ Zip Code: _____

Having applied for admission to Faulkner University, I request that a copy of my official transcript be forwarded to the Faulkner University Admissions Office.

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Year of Graduation: _____ Social Security Number: _____

Student's Signature: _____ Date: _____

**Please send to: Director of Admissions
Faulkner University
5345 Atlanta Highway
Montgomery, AL 36109-3398**