



TRANSCRIPT REQUEST FORM

Name: _____ Student ID or SSN: _____

Address: _____ City: _____

State/Province: _____ Zip code: _____ Country: _____

Email Address: _____ Phone: _____

Transcript to be sent to: _____

Signature: _____ Date: _____

Is this your first request for a transcript? Yes No

The first transcript is issued free of charge. Subsequent requests will require a \$5.00 transcript fee. Student records are not released unless financial account is current. If this is not your first request, please remit \$5.00 with this request and mail to:

FIRE School of Ministry
Attn: Registrar
P.O. Box 5108
Concord, NC 28027

METHOD OF PAYMENT

Check/Money Order Payable to FIRE School of Ministry: Check #: _____

Credit Card*: Master Card Visa Discover AMEX

Credit Card #: _____ Expiration Date: ____/____

Name on Card: _____ Amount: \$ _____

Billing address (if different from above): _____

Signature: _____ Date: _____

**You may submit your credit card information in the space provided or send us the information by email, telephone, or fax.*

Office Use Only:

Balance Paid in Full Transcript Fee Entered Transcript Release Approved

Signature: _____ Date: _____