

ADMISSIONS & RECORDS OFFICE

570 Golden Eagle Ave., Quincy, CA 95971 (530) 283-0202 – Fax (530) 283-9961

Official Transcript Request Form

Please print and complete a separate form when requesting transcripts to send to different locations.

ALL INFORMATION IS REQUIRED

		ALL INTO	INIATION 13 KL	QUINED			
FRC ID # or SS	#		Date of Birth				
Name							
	Last	First		Initial		Maiden /Other Name	
Address					Phone (
			City		Zip		
Address will be	e updated in the s	ystem unless this box	is checked: $\ \Box$	Do not up	date addres	S	
	Signature		Date				
By typing	•	ou are signing this for equivalent of you	•	_	•	nic signature is the legal	
☐ Send trans	script at the end o	t include grades for c f ☐ Spring☐ or certificate is posted	Fall S	ummer		nal grades. 1 Summer	
# of Copies:	□ s	end to above address					
Send Transcr	- ript(s) to:	/School:					
# of Copies:	Depai	tment/Person:					
	_ City: _		_ State:		Zip:		
Special instruc	ctions:						
→ RUSH	al transcripts are \$	y priority mail) additi	onal \$10.00 each	n for a tota	l of \$15.00 p	er RUSH transcript <u>Request</u>	
Ma	ke checks payable	e to Feather River Col	lege or provide	/isa/Maste	erCard inform	mation.	
VISA/MC NUMBER				EXPIRATION DATE			
NAME ON CAF	RD			SECURI	ITY CODE		
DECORDS OF	FICE LISE ONLY	Processed by		Fee	ċ	Data	