



Transcript Request Form
 Please Return To:
 Office of Educational Services
 PO Box 5118
 1301 W. Roosevelt
 Borger, TX 79008-5118
 (806) 457-4200 ext. 707 or 742
admissions@fpctx.edu

Date: _____

Number of Transcripts requesting: _____

Official: _____

Unofficial: _____

My date of birth is ____/____/____

My Social Security Number is ____-____-____

Where would you like them sent: _____
 (Must provide full mailing _____
 address.) _____

*Transcripts should be available within 48 hours after request is received.
 *Any unofficial transcripts needing to be faxed will be done within 6 hours after request is received.
 *Overnight Service: \$75.00 per transcript. Request must be received by 3:30 pm in order for transcript to go out that day.

 Student's Signature

 Print Name

 Any Former Names Used

 Address

 City, State, Zip

Contact Phone Number _____

This request may be mailed to the address above or can be faxed to 806-457-4225 or 806-457-4226.

For Overnight Service:
 Credit Card number : _____
 Expiration Date on Credit Card: _____
 3 Digit Security Code on Credit Card: _____
 Card Holder's Name: _____
 Billing Address: _____
 Card Holder's Phone Number: _____