FORT WORTH ACADEMY OF FINE ARTS

TRANSCRIPT REQUEST FORM

Requested by:

First:_____ Last: _____MI:_____

DOB: ____/____ / _____ Year of Graduation:_____

Address:_____

City, State, Zip:_____

Current Phone:_____

____I wish to pick up my transcripts: May be picked up in person Monday - Friday 8:30 a.m. to 3:30 p.m.

____I would like my transcripts to be mailed to the above address.

____I wish my transcripts to be sent / faxed.

I, _____ , give Fort Worth Academy of Fine Arts permission to send copies of my official transcript to the name and address identified below.

WHERE TRANSCRIPTS SHOULD BE SENT / FAXED:

Name of Institution:_____

Address:_____

City: State: Zip:_____

Phone:_____

FAX:_____

Attention:_____

Please allow 5 full business days for your request to be processed

_____ _____

Signature Date