



*“Home of the Falcons”*

## Transcript Request

**\*\*Please allow 5 business days to process your transcript request.\*\***

There is a \$5.00 processing fee (cash, check, or money order) for each transcript requested. Your transcript will **NOT** be processed until payment is received. Please make checks & money orders payable to: Faribault High School or FHS. If you have any questions, please contact the Faribault High School Counseling Office at 507.333.6200 or [nfielitz@faribault.k12.mn.us](mailto:nfielitz@faribault.k12.mn.us)

**\*\*This fee does not apply to current seniors of FHS\*\***

<b>Name:</b> _____	<b>Maiden Name</b>
<b>Street Address:</b> _____	<b>(if applicable):</b> _____
<b>City, State, Zip</b> _____	<b>Date of Birth:</b> _____
	<b>Phone Number:</b> _____

**Graduated from:** \_\_\_\_\_ Faribault H.S. \_\_\_\_\_ Faribault Area Learning Center (ALC)

**Year of Graduation** \_\_\_\_\_ **OR Last Year Attended** \_\_\_\_\_

**I am requesting a copy of my official transcript be mailed to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Please mail completed form and processing fee to the following address:**

**Faribault High School-Records Office  
330 9<sup>th</sup> Avenue SW \* Faribault, MN 55021**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**