



Authorization for Release of Student Information and Request for Transcript

Please complete the following and mail along with a self addressed stamped envelope to:

FCCHS
C/O Robert D. Arb, L.C.
809 Meramec Station Road
Valley Park, MO 63088

Student's Name: _____

Graduation date: _____

Withdraw date: _____

Mail to: _____

We release Faith Community Christian High School from any and all liability resulting from and pertaining to the furnishing of these transcript records provided by Faith Community Christian High School.

Requested by: _____
(Guardian signature required if student is under 18)

Date: _____

If this is an "Official Copy" and you are mailing it to yourself, please do not open the envelope. There are colleges and universities that will not accept the transcript if the envelope is opened. Thank you.