

Transcript Request Guidance Office

Mail to: Fairmont
High School
ATTN: Guidance
Office
5419 Old Stage Road
Fairmont NC 28340
or

Fax: 910-628-0652

TRANSCRIPTS CANNOT BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO FAIRMONT HIGH SCHOOL HAVE BEEN MET

Last:	First:	Middle:	Suffix: (Jr., II, etc.)	
Previously Used Name:				
Date of Birth:	Home or Cell: #	Email:		
Street Address or PO Box:				
City:	State:	Zip Code:	Zip Code:	
Beginning Enrollment Date Ending Enrollment Date Number of Copies (Below price is per copy)				
\$5.00 mail (Mailed 24 hours AFTER payment) \$5.00 Pick Up (Picked up 24 hours AFTER payment)			Check Which Applies: Graduated Did not Graduate	
	SEND MY T	ERANSCRIPT TO:		

Required Signature & Date_____