# Focus Leadership
# INSTITUTE

Send requests to:
Focus Leadership Institute
Attn: Carol Norman
8605 Explorer Dr.
Colorado Springs, CO 80920
FAX (719) 548-4666

## Transcript Request Form

**PLEASE PRINT**

**Student's Name:** _____
**First** **Initial** **Last** **Maiden**

**Current Address:** _____
**Street** **City** **State** **Zip**

**Social Security #:** _____ **E-Mail:** _____

**Today's Date:** ____/____/____ **Semester Attended:** _____

**Student Signature:** _____ **Phone Number:** _____

Transcripts are normally processed within five business days; however, incomplete forms will cause delay. An e-mail will be sent within 48 business hours to verify that a transcript request has been received and is being processed. Transcripts are $5.00 each. A second mailing of a transcript due to mishandling by the US Postal Service or the receiving party will require a new request form and fee. Transcripts will not be released to currently enrolled or former students who have not paid their tuition in full.

**Payment Type:** o Visa o MasterCard o Discover o American Express

**Payment Amount:** _____

**Card Number:** _____--_____--_____--_____

**Expiration:** ____/____ **Security Code:** _____
*(3 or 4 digit code on back of card)*

**Name on Card:** _____

# Of Transcripts to be sent: _____
**(First transcript is free-additional copies $5.00 each)**
Name and Address to send to:

_____

_____

_____

_____

# Of Transcripts to be sent: _____

Name and Address to send to:

_____

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