Request Form

To be used with future written requests

Family Christian Academy East

ARK Center/Knoxville
124 E. Inskip Dr. • Knoxville, TN 37912 • Fax(865) 689-1213

☐ Call me for pickup	☐ Mail to my address	☐ Mail to	☐ Mail to College(s)	
Student Information (Ple	ease allow 10 business days to proc	ess your request)		
Parent/Guardian Name	Student Name	Student ID#	Date of Birth	
Address	Cit	ty, State, ZIP		
Home Phone	Cell/Work Phone	Email		
Request Type (Mark docum	nents needed and submit with prope	er fees)	Fee	
☐ Copies: Attendance & Progress Reports			\$0.50	
☐ Copies: Complete File			\$15.00	
☐ Diploma: First Copy			Free	
☐ Diploma: Duplicate			\$15.00	
☐ ID Cards: Replacement Copies			\$9.00 Each	
☐ Letter: Enrollment Verification Letter			Free	
☐ Letter: Permission to Work Letter			Free	
☐ License: Driver's Form (SF1010) 1st Request			Free	
☐ License: Driver's Form (SF1010) 2nd Request			\$9.00	
☐ Transcript: First Official Copy			Free	
☐ Transcript: Additional Copy	у		\$9.00	
☐ Transcript: Former Student/Not Currently Enrolled			\$17.00	
Name of College (for transcript reque	ests only) Address	City, State, Z	ΊΡ	
Name of College (for transcript requ	ests only) Address	City, State, ZIP		
Requests cannot be filled if an	y information is left incomplete. No refunds	s will be issued for complet	ted requests.	
Parent/Guardian Signature		 Date		