

First Coast Technical College
2980 Collins Avenue
St. Augustine, FL 32084
Telephone (904) 824-4401

FOR OFFICE USE ONLY

Receipt Number _____

Date _____

STUDENT REQUEST FORM

- Please complete the form below indicating your request, and remit the total amount.
- Only the items listed are available.
- Same day service is not available.
- Please allow minimum of ten working days for processing.
- **ALL TRANSCRIPTS \$10.00 EACH.**

____ **Current Enrollment/Needed For** _____

(This request will list current program attending and dates of attendance)

____ **Transcript of Test Scores (Within 2 years)**

____ **Individual Transcript and/or Certificates/Vocational Program** _____

(This request is for listing of competencies per program)

____ **Financial Aid History**

(This request will provide information on financial aid you received from this school)

____ **Enrollment History**

(This request will provide information on all courses and hours attended)

TOTAL COPIES _____

TOTAL COST _____

PLEASE PRINT

Student Name _____ **Date of Birth** _____

Social Security (optional) _____ **Other Names Used** _____

Mailing Address _____ **City** _____

State/Zip _____ **Telephone Number** _____

Program Attended _____ **Dates of Attendance** _____

Program Attended _____ **Dates of Attendance** _____

PLEASE SEND INFORMATION TO

School/Company _____ **School/Company** _____

Name _____ **Name** _____

Mailing Address _____ **Mailing Address** _____

City/State/Zip _____ **City/State/Zip** _____

By my signature below, I authorize you to release the information indicated to the person/business/school listed above for this request only.

Student Signature _____ **Date** _____

(Parent/Guardian Signature required for minor student)

MAIL REQUEST TO: First Coast Technical College, Attention: Transcripts, 2980 Collins Avenue, St. Augustine, FL 32084

REMARKS: