



**St. Johns County School District
First Coast Technical College
Student Services**

Phone (904) 547-3282 Fax (904) 679-3551
fctctranscripts@stjohns.k12.fl.us

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 5-7 working days for processing.
- TRANSCRIPT FEE \$10.00 (1-2 Copies)

___ **Current Enrollment/Needed for** _____
(This request will list current program attending and dates of attendance.)
___ **Transcript of Test Scores** (Within 2 years)
(This request is for TABE test scores.)
___ **Individual Transcript -Vocational Program** _____
(This request is for listing of competencies per program.)
___ **Certificates -Vocational Program** _____
(This request includes copies of program certificates.)
___ **Enrollment History**
(This request will list programs attended and dates of attendance.)

COPIES _____
COST _____

(PLEASE PRINT)

Name: _____

Social Security (optional) _____	Date of Birth _____
Other Names Used _____	Telephone Number _____
Mailing Address _____	City _____
E-Mail _____	State/Zip _____
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)

Remarks: