



Records Request

Date _____

To _____
Name of previous school

Address _____

Phone _____ Fax _____

The following student has registered at **First Coast Technical College**. Please release all records so that we may complete the registration process.

Student Name _____

Date of Birth _____ Program _____

Please send the following information

- _____ Cumulative Records (Include withdrawal grades and most recent transcripts)
- _____ All Health Records (Immunizations, Physical, Birth Certificate, Social Security #)
- _____ All Exceptional Student Education Records (Include IEP , Psychological, 504, etc.)
- _____ Attendance History
- _____ Test Scores
- _____ Discipline Records
- _____ Other _____

Please send records to the attention of

Student Signature

School Official

Parent Signature if student under 18yrs of age