

## TRANSCRIPT REQUEST FORM Permission to Release Information

## Instructions for processing your transcript request. Please print clearly.

<ul> <li>Transcripts released after outstanding financial obligations are met</li> <li>Allow 10 business days for processing</li> <li>Photo ID required for pick-up - driver license or student ID</li> <li>Use a separate form for each institution requested</li> <li>Show 10 business days for processing</li> <li>Photo ID required for pick-up - driver license or student ID</li> <li>Show 10 business days for processing</li> <li>Photo ID required for pick-up - driver license or student ID</li> <li>Show 10 business days for processing</li> <li>Photo ID required for pick-up - driver license or student ID</li> </ul>							
Transcript Request Submission Options         1. Mail-in: Mail your request to FCTC, 2980 Collins Ave, St Augustine, FL 32084.         2. Hand deliver: Complete the form and submit for verification.         3. Via Email: email to transcripts@fctc.edu         4. Via Fax: 904-679-3551.							
I hereby authorize FCTC to release the following portions of my student records to the institution listed below: (select all that apply)							
CTE Program Transcript -\$10 per copy # of copies Adult High School Completer Transcript							
Copy of OCP Certificates or Diplomas Enrollment Verification Letter							
Early Learning Coalition of SW Fl Other							
Students that require their GED diploma and transcripts must call the State of Florida Department of Education – 1-877-352-4331 or go to GED.com.							
Student Name				ner Names			
Current Address		City			ST	Zip	
Email	Phone Number						
Student ID Number Date of Birth	Date of Birth			Last 4 of SSN			
Program				Year Attended			
We do not offer Un-official transcripts. Transcript requests to other institutions will be sealed and marked Official. PLEASE NOTE: Transcripts that you choose to pick up at FCTC are usually not accepted at other institutions as Official.							
Will pick-up – you will receive a phone call when your transcript is ready to be paid and picked-up – Phone:							
Send via mail to: Attn: Send via fax to				Attn:			
Name of Institution							
Address							
City         ST         Zip           Phone #							
STUDENT SIGNATURE REQUIRED BEFORE PROCESSING		Date					
FOR OFFICE USE ONLYProcessed byDate	Payment method						