



TRANSCRIPT REQUEST FORM

Permission to Release Information

Instructions for processing your transcript request. Please print clearly.

- ✓ Transcripts released **after** outstanding financial obligations are met
- ✓ Transcripts will be sent to the institution listed by mail or fax
- ✓ Use a separate form for each institution requested
- ✓ Allow 10 business days for processing
- ✓ Photo ID required for pick-up - driver license or student ID
- ✓ \$10 charge for each copy requested

Transcript Request Submission Options			
1. Mail-in: Mail your request to FCTC, 2980 Collins Ave, St Augustine, FL 32084.	3. Via Email: email to transcripts@fctc.edu	2. Hand deliver: Complete the form and submit for verification.	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)

- | | |
|--|---|
| <input type="checkbox"/> CTE Program Transcript -\$10 per copy # of copies _____ | <input type="checkbox"/> Adult High School Completer Transcript |
| <input type="checkbox"/> Copy of OCP Certificates or Diplomas | <input type="checkbox"/> Enrollment Verification Letter |
| <input type="checkbox"/> Early Learning Coalition of SW FL | <input type="checkbox"/> 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		Former Names		
Current Address		City	ST	Zip
Email		Phone Number		
Student ID Number	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: _____

<input type="checkbox"/> Send via mail to: Attn: _____
Name of Institution _____
Address _____
City _____ ST ____ Zip _____
Phone # _____

<input type="checkbox"/> Send via fax to: Attn: _____
Name of Institution _____
Address _____
City _____ ST ____ Zip _____
Fax # _____

STUDENT SIGNATURE REQUIRED BEFORE PROCESSING _____	Date _____
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FOR OFFICE USE ONLY		
Processed by _____	Date _____	Payment method _____