



## 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