Date of Request: __/__/__

FLAGLER COLLEGE

TRANSCRIPT REQUEST

Please use one request form for each recipient.

****

PLEASE PRINT LEGIBLY

****

Date of birth: ___/___/___

SSN: | | | | - | | | - | | | | |

_____

Last Name First Name Middle/Maiden

(Name during dates of attendance)

Dates of Attendance _____ to _____

SEND TRANSCRIPT(S):

- ❑ Now
- ❑ End of Semester/Term

Number of Official Transcripts requested: ____ ($5.00 each)

Number of Unofficial Transcripts requested: ____ (No fee)

↓ Full Address of Transcript Recipient: ↓

School /Business Name:

_____

Attn/Dept:

_____

Address:

_____

Address:

_____

City: ST: Zip:

_____

(Transcript will be addressed exactly as written above. Incomplete requests will be returned to requestor.)

Are you a Candidate for Graduation this semester?
Yes____ No _____

Your Current Mailing Address:

Address:_____

_____

_____

Email:_____

Phone:_____

_____

SIGNATURE OF STUDENT (REQUIRED)

TRANSCRIPT POLICIES

1. The required transcript fee is $5.00 per official Transcript. Payments will be accepted in cash, check, or money order, made payable to Flagler College. Credit card and Flagler One payments will not be accepted.
2. Please allow at least ten (10) business days for processing except for peak processing periods.
3. Official Transcripts will not be issued until all holds are cleared with Office of Student Accounts and the Office of Financial Aid.
4. Flagler College will forward your record of awarded academic course work completed at Flagler College. The College is not permitted by law to issue copies of documents from other institutions. Transcripts from other institutions must be ordered from original sources.
5. If sending transcripts to different recipients, please use a separate form for each transcript request.
6. Requests for unofficial transcripts will be accepted by fax at 904-829-6838.

Please mail this completed form and payment to the campus you attended:

MAIN CAMPUS
Flagler College
Office of the Registrar
74 King Street
St. Augustine, FL 32084

TALLAHASSEE CAMPUS
Flagler College
Records Office
444 Appleyard Drive
Tallahassee, FL 32304

For Office Use Only---DO NOT write in this box.

Paid: Amount:_____ Check#_____ Cash_____ Date Mailed:_____