



Date of request: ___/___/___

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)

Reason for Request: _____

Full Address of Transcript Recipient: ↓

School /Business Name:

Attn/Dept:

Address:

Address:

City: ST: Zip:

Are you a Candidate for Graduation this semester?

Yes ___ No ___

Your Current Mailing Address:

Address: _____

Email: _____

Phone: _____

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

SIGNATURE OF STUDENT (REQUIRED)

TRANSCRIPT POLICIES

- 1. The required transcript fee is \$5.00 per official Transcript.
2. Please allow at least ten (10) business days for processing...
3. Official Transcripts will not be issued until all holds are cleared...
4. Flagler College will forward your record of awarded academic course work...
5. If sending transcripts to different recipients, please use a separate form...
6. Requests for unofficial transcripts will be accepted by fax...
7. When picking up a transcript in-person from the Office of the Registrar...
8. If someone other than yourself will be picking up your transcript...

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: ___