

TRANSCRIPT/RECORDS REQUEST
\$10.00 Transcript Fee due upon request.



Name: _____ **Date of Birth:** _____
(PLEASE PRINT – Legal Name While In School)

Other Names Used: _____

Daytime Phone Number: _____ **Email:** _____

Graduated From: _____ **Year of Graduation** _____
Program Name

Non Grad From: _____ **Year/Grade Last Attended:** _____

Student ID/SSN (Optional) _____

I authorize the release of my technical center transcript
☐ **with Test of Adult Basic Education Testing results;**
☐ **without Test of Adult Basic Education Testing results.**
(Check One)

I need an: Official Copy: _____ **Unofficial Copy** _____
(Check One)

_____ **I Will Pick It Up**
_____ **I authorize** _____ **to pick up my records.**
_____ **Please Send As Instructed Below:**

Mailing Instructions:

Name/Organization/School: _____

Address: _____

City, State, Zip: _____

Faxing Instructions: (Unofficial Copies Only)

To: _____

Fax Number: _____

In order to comply with the privacy rights, we must have your signature below. By doing so, you hereby authorize and instruct us to release the information contained in your school records. Also, you agree to hold the Flagler School District and Flagler Technical Institute harmless from any and all liabilities of any kind in connection with releasing this information.

Signed: _____ **Date:** _____

THIS AUTHORIZATION IS VALID FOR THIS REQUEST ONLY
Transcripts will be issued within 30 days of receipt of a fully completed transcript request.

Flagler Technical College
5400 E. Hwy 100, Palm Coast, FL 32137
Fax: 386 437-7449

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