

**NORTH FLORIDA COMMUNITY COLLEGE**

TRANSCRIPT REQUEST FORM

***Transcripts can NOT be released until all Holds are cleared.***

***Official Transcripts: $3.00 per copy Unofficial Transcripts: No charge***

***Electronic Transcripts: No charge (See \*\* below for explanation)***

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| **Required Personal Information** | | | | | | | |
| Last Name: Current | First Name: | | | MI. | Any Previous Last Name While Attending NFCC: | | |
| SSN or Student ID #: | Date of Birth: (MM/DD/YY) | | | Email Address: | | | |
| Address: | | City: | | | | State: | Zip Code: |
| Area of Study: Select all that apply  College Credit Vocational | Approximate Last Date of Attendance: | | Home or Cell Phone: | | | | |
| **Student Signature: (Required to process request)**  PleaseNote: The Family Educational Rights and Privacy Act (FERPA)  requires written permission from students to have their school  records and transcripts distributed. | | | Sign next to “X” below:  **X** | | | | |

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| **How do you want us to process your transcript request? Check all that apply.** | |
| Pick up official transcript now:  How many? \_\_\_\_\_\_\_\_\_ @ $3.00 each | I would like to designate someone to pick up transcript for me: List Name:  **PLEASE NOTE: DESIGNEE MUST PRESENT PICTURE ID** |
| Fax unofficial transcript to: Fax Number: Attention to: | |
| Mail official transcript now @ $3.00 each: or Send electronically at no charge: (State of Florida only see information below)\*\* | |
| Mail my transcript after grades are posted or degree awarded @ $3.00 each or Send electronically after grades are posted or degree awarded (no  charge State of Florida only)\*\* | |
| \*\* **ELECTRONIC TRANSCRIPT**  Some **PUBLIC** universities and community colleges in the State of Florida allow us to submit transcripts via the computer at no charge. Please check with us to see if your school allows this. If it does, we may be able to submit it by way of **FASTER** (which is not a fax or email method) at no cost to you. | |

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| **How will you pay for your transcript? Only complete this area if you mail or fax form to us.** | |
| I have paid over the phone with a debit or credit card.  You can call our Business Office at 850-973-1610 to make payment. | My payment is enclosed with this transcript request form. |

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| **Where do you want us to send your transcript? May list up to four (4) on this form.** | |
| **1.**  Name: | **2.**  Name: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |
|  | |
| **3.**  Name: | **4.**  Name: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |

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| **FOR OFFICE USE ONLY** | | |
| **DATE PROCESSED:** | **PROCESSED BY:** | **ADDITIONAL COMMENT:** |