



OFFICE OF THE REGISTRAR

REQUEST FOR FLORIDA SOUTHERN COLLEGE TRANSCRIPT

Please send ____ copies to: (PRINT CLEARLY FOR MAILING IN WINDOW ENVELOPE.)

Mail To:

I. If this request is faxed, you must call (863) 680-4127 to verify that it has been received, and that it is legible. Transcripts will not be released until payment is received.

II. STUDENT INFORMATION

_____ (_____)	_____
Last Name First MI Maiden	Dates of Attendance
_____	_____
Current Home Address Apt. #	FSC Graduation Date
_____	_____
City State Zip Code	Dates Attended After Graduation
_____	_____
E-mail Address: _____	Phone # (____) _____ - _____
_____	_____
Social Security Number Student ID Number Date of Birth	Check One: ____ Send now
_____	_____

____ after current semester ends

____ after degree is posted

STUDENT'S SIGNATURE (REQUIRED BY FEDERAL LAW)

If you are currently enrolled at FSC, please complete the following:

- I plan to transfer from FSC to another institution
 - Academic
 - Financial
 - Graduate School
 - Other
- Closer to Home
- Transferring to: _____
Please indicate which school: _____
- I plan to return to FSC for the next semester, but need the transcript for:
 - Scholarship application
 - Internship
 - Summer course taken at another institution
 - Insurance
 - Employment
 - Other _____
- I am unsure at this time if I will be returning to FSC for next semester.

FSC-GRADUATES: Are entitled to a lifetime of three transcripts free of charge. Each additional transcript will be \$10 per copy.
 FSC-NON GRADUATES: Transcripts are \$10 per copy. FOR ALL STUDENTS: There is an additional charge of \$3.00 per page for faxing. Payment is due at the time of the request. Transcripts cannot be released unless the student's account is clear in the Business Office and the student's file is complete.

FOR OFFICE USE ONLY:	Date Requested _____	Number of Transcripts _____
Paid _____	Date Released _____	Delivered: Mail Fax Pick-up