



OFFICE OF THE REGISTRAR

REQUEST FOR FLORIDA SOUTHERN COLLEGE TRANSCRIPT

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

Mail To:

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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 |
| STUDENT'S SIGNATURE (REQUIRED BY FEDERAL LAW) | _____ after degree is posted |

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 \$7.75 per copy. FSC-NON GRADUATES: Transcripts are \$7.75 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 |