



3225 Winter Lake Road • Lakeland, Florida 33803

(863)499-2700 • (863)499-2706 FAX

TRANSCRIPT REQUEST FORM

Please print your name and address clearly. Include NAME ATTENDED UNDER, if different.

Name: _____

Address: _____

Daytime Phone: _____

SSN / ID #: _____

Date of Birth _____

Program Attended _____

Currently enrolled: _____ Yes _____ No

If no, year last attended: _____

High School: _____ Adult: _____ Day: _____ Evening: _____

Check all that apply Office Use Only:

_____ **Do Not Hold** _____ **Hold till end of Semester/Term**

_____ **Hold for Certificate** _____ **Hold for final grades**

Mail transcript to: (Fill out a form for EACH address.)

Send to: _____

Address: _____

Telephone #: _____

Do not mail. I will pick up.

OFFICIAL TRANSCRIPTS

Number of copies _____ Amount due _____

_____ Regular (mailed within 7 business days) \$8.00 each _____

UNOFFICIAL TRANSCRIPTS

Number of copies _____ Amount due _____

_____ Regular (mailed within 7 business days) \$8.00 each _____

ALL TRANSCRIPTS ARE SENT VIA REGULAR MAIL.

**** CASH, MONEY ORDER & CREDIT CARD ARE ACCEPTED IN PERSON****

*****IF MAILED – PLEASE SEND MONEY ORDER PAYABLE TO TRAVISS TECHNICAL COLLEGE*****

I HEREBY AUTHORIZE TRAVISS TECHNICAL COLLEGE TO RELEASE MY ACADEMIC RECORDS.

Signature _____

Date _____

- **No transcript will be released without student's written request.**
- **Financial obligations must be cleared before transcripts can be released.**
- **Request will be honored as quickly as possible in the order in which they are received.**

Date received: _____

Date sent: _____

TRANSCRIPT FOR

High School _____

Adult _____

