



3225 Winter Lake Road • Lakeland, Florida 33803

(863)499-2700 • (863)499-2706 FAX

www.traviss.edu

TRANSCRIPT REQUEST FORM

**** RECORDS/TRANSCRIPTS FOR ATTENDED YEARS BEFORE 2015, MUST BE REQUESTED AT THE SCHOOL BOARD OF POLK COUNTY, RECORDS NOT AVAILIABLE AT SCHOOL LEVEL. ****

*****DOES NOT INCLUDE HEALTH SCIENCE RECORDS/TRANSCRIPTS*****

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:

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

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

OFFICIAL 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**

***** Phone payment are accepted by calling 863-499-2700, ext 435.**

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

Send to: _____

Address: _____

Telephone #: _____

Do not mail. I will pick up.

****Due to COVID19, please make an appointment prior to picking up transcripts. ****

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

- 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.

FOR OFFICAL USE ONLY

Date received:

Date sent:

TRANSCRIPT FOR

High School _____

Adult _____

