



TRANSCRIPT REQUEST FORM

MAIL to: Student Services / 757 Hoyt Street / Chipley, FL 32428

EMAIL to: student.services@fptc.edu

Phone: 850.638.1180 x 6317

NOTE: Transcripts will not be processed if there is an outstanding financial obligation to FPTC.

Fees: A \$10.00 fee is required upon request for each transcript. If mailing, please send a money order with request. There is no charge to provide transcripts directly to another educational institution.

STUDENT INFORMATION:

SS# _____ DOB _____

Last Name: _____ First Name: _____

Address: _____

Telephone# _____ (Alt # for messages)(_____) _____

Email Address: _____

If Name Change, Name(s) while enrolled: _____

PROGRAM of Study While Enrolled: _____

Enrollment Dates: Start (Month / Year) _____ End (Month / Year) _____

Additional Information Request: _____

ELECTRONIC REQUEST TO: _____ (Initial for authorization to transfer electronically.)

Digital transfer via Email to _____ (Email Address) or via FASTER (FL).

MAIL REQUEST TO

NAME: (College / Agency / Person): _____

Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

Third Party pick-up (optional) / Photo ID Required for Third Party pick-up.

I authorize _____ to pick-up my transcript for me.

This third party pick-up person authorization is made in accordance with the Family Education Rights and Privacy Act (FERPA) and is intended for your use only. No personally identifiable information will be released without the student's prior written consent. FS 19071(5) allows FPTC as a division of the Washington County School District to collect your SS# for legitimate educational purposes to maintain and/or transfer accurate records I hereby give FPTC authority and permission to release my transcript to the individual or entity set forth above, and authorize by my signature.

Signature of Requester

Date Requested