



## TRANSCRIPT REQUEST FORM

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

EMAIL to: [student.services@fptc.edu](mailto:student.services@fptc.edu).

Phone: 850.638.1180 x 6317

Fax: 850.415.5378

**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 to another educational institution.

### STUDENT INFORMATION:

SS# \_\_\_\_\_

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) \_\_\_\_\_

### 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 below.*

\_\_\_\_\_  
**Signature of Requester**