

Transcript Request

FPTC Student Services, 757 Hoyt Street, Chipley, Florida 32428 850-638-1180. Fax 850-415-5378

Transcripts will not be processed if there is an outstanding financial obligation to FPTC. A \$ 5.00 fee is required upon request for each transcript. Please send money order only when mailing request. If FPTC mails transcript to school fee is waived.

Please provide the following co	ntact information:			
Social Security#://				
Last Name:	Previous Name (while enrol	Previous Name (while enrolled):		
First Name:				
Address:	City:	State:	Zip:	
Telephone:	E-mail Address:			
Program of Study at FPTC:				
Dates of Attendance: from:	to:			
Mail Request Information To:				
College/Agency/Person:	Attention o	f:		
Address:	City:	State:	Zip:	
Third Party Pick Up (optional) P	hoto IQ Required.			
I authorize the person named belo	ow to pickup my information:			
Name:	Signature:			
Act (FERPA). It is intended for record may be released without Statute 119.071(5), Washington C the following legitimate education	ed in accordance with the Family E your use only. No personally iden the student's prior written consen county School District may collect you n purpose of accurate maintenance elease my transcripts as authorized	ntifiable inform t. In complian our social sect ce and transfe	nation from this ce with Florida urity number fo	
Student Signature (required):		Date [.]		