

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 \$ 10.00 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 conf	act information:		
Social Security#: / /			
Last Name:	Previous Name (while enro	lled):	
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 of:		
Address:	City:	State:	Zip:
Third Party Pick Up (optional) Pho	oto IQ Required.		
I authorize the person named below	to pickup my information:		
Name:	Signature:		
This personal information is issued Act (FERPA). It is intended for your record may be released without the Statute 119.071(5), Washington Couthe following legitimate education hereby give FPTC permission to release	our use only. No personally ide ne student's prior written conser unty School District may collect y purpose of accurate maintenan	ntifiable informat. In complian vour social secuce and transfere	nation from this nce with Florida urity number for
Student Signature (required):		Date:	