TRANSCRIPT/RECORDS REQUEST
$10.00 Transcript Fee due upon request
Contact FTC Registration at 386-447-4345
Career & Technical Education ext: 1202
Adult & General Education ext: 1194

Name: _____ **Date of Birth:** _____
(PLEASE PRINT – Legal Name While In School)

Other Names Used: _____

Daytime Phone Number: _____ **Email:** _____

Graduated From: _____ **Year of Graduation** _____
Program Name
Non Grad From: _____ **Year/Grade Last Attended:** _____

Student ID/SSN (Optional) _____

(Check One)
☐ **with Test of Adult Basic Education Testing results**
☐ **without Test of Adult Basic Education Testing results**

(Check One)
I need an: Official Copy: ☐ **Unofficial Copy** ☐

_____ **I Will Pick It Up**
_____ **I authorize** _____ **to pick up my records.**
_____ **Send As Instructed Below:**
_____
_____

Mailing Instructions:
Name/Organization/School: _____

Address: _____

City, State, Zip: _____

Faxing Instructions: (Unofficial Copies Only)
To: _____ Fax Number: _____

In order to comply with the privacy rights, we must have your signature below. By doing so, you hereby authorize and instruct us to release the information contained in your school records. Also, you agree to hold the Flagler School District and Flagler Technical College harmless from any and all liabilities of any kind in connection with releasing this information.

Signed: _____ **Date:** _____

Office Use Only Transcript fee: _____ **Date:** _____

THIS AUTHORIZATION IS VALID FOR THIS REQUEST ONLY
Transcripts will be issued within 30 days of receipt of a fully completed transcript request

Flagler Technical College
5400 E. Hwy 100, Palm Coast, FL 32137
Fax: 386 437-7449