



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