



Date of request: ___/___/___

TRANSCRIPT REQUEST
Please use one request form for each recipient.

PLEASE PRINT LEGIBLY

Date of birth: ___/___/___ Student ID#: _____ OR SSN: [] [] [] - [] [] - [] [] [] []

Last Name First Name Middle/Maiden Dates of Attendance _____ to _____
(Name during dates of attendance)

SEND TRANSCRIPT(S):

Number of Official Transcripts requested: _____ (\$5.00 each) (\$10.00 Instant)
Number of Unofficial Transcripts requested: _____ (No fee)
[] Now
[] End of Semester/Term

Full Address of Transcript Recipient:

Reason for Request: _____

School /Business Name:

Are you a Candidate for Graduation this semester?
Yes _____ No _____

Attn/Dept:

Your Current Mailing Address:

Address:

Address: _____

Address:

City: ST: Zip:

Email: _____

Phone: _____

(Transcript will be addressed exactly as written above.
Incomplete requests will be returned to requestor.)

SIGNATURE OF STUDENT (REQUIRED)

TRANSCRIPT POLICIES

- 1. The required transcript fee is \$5.00 per official Transcript. Payments will be accepted in cash, check, or money order, made payable to Flagler College. Credit card and Flagler One payments will not be accepted.
2. Please allow at least ten (10) business days for processing except for peak processing periods.
3. Official Transcripts will not be issued until all holds are cleared with Office of Student Accounts and the Office of Financial Aid.
4. Flagler College will forward your record of awarded academic course work completed at Flagler College. The College is not permitted by law to issue copies of documents from other institutions. Transcripts from other institutions must be ordered from original sources.
5. If sending transcripts to different recipients, please use a separate form for each transcript request.
6. Requests for unofficial transcripts will be accepted by fax at 850-201-8678.
7. When picking up a transcript in-person from the Office of the Registrar, you will be required to present your Flagler College Student ID or a government-issued photo ID (example: Driver's License) before the transcript can be released to you.
8. If someone other than yourself will be picking up your transcript, you must authorize it in writing to the Office of the Registrar before your transcript can be released to them.

Please mail this completed form and payment to the campus you attended:

MAIN CAMPUS
Flagler College
Office of the Registrar
74 King Street
St. Augustine, FL 32084

TALLAHASSEE CAMPUS
Flagler College
Records Office
444 Appleyard Drive
Tallahassee, FL 32304

For Office Use Only---DO NOT write in this box.

Paid: Amount: _____ Check# _____ Cash _____ Receipt # _____ Flagler Staff Initial _____
Date Mailed: _____