

North Florida Technical College Student Services Office

TRANSCRIPT REQUEST FORM

(Please check all that apply)

Transcript is to be picked up _____

Faxed (Unofficial Only) Fax Number: _____

Picked up by designated person (**see below) _____

Send via US Mail (please indicate mailing address below) _____

Name and address of where transcript is to be mailed:

Person, School, or Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's Information:

Last Name: _____ First Name: _____

Middle Initial: _____ Last name used as a student: _____

Social Security Number: _____ Phone Number: _____

Mailing Address: _____ State: _____

Zip Code: _____ Dates of Attendance at NFTC: _____

Program: _____

Student's Signature: _____ Date: _____

**Name of designated person to pick up transcript: (Identification is required):

PLEASE NOTE: Transcripts take up to 2-3 business days to process.

Mail to: North Florida Technical College or Fax to: Student Services

Student Services

904-966-6817

609 N. Orange Street

Starke, FL 32091