

OFFICIAL TRANSCRIPT REQUEST

PERSONAL INFORMATION

Student UID: _____ Last Term Attended: _____ Date of Birth: ___ / ___ / ___

Name: (Last) _____ (First) _____ (Middle) _____ Maiden/Other Names Used _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: (Home) or (Cell) _____ Email: _____

SPECIAL INSTRUCTIONS

Process Now Hold For Current Semester Grades Hold for Degree Entry

Other: _____

Address for Transcript Delivery *(Please fill out a different form for each location you want a transcript sent to. Will be delivered exactly as filled out below.)*

School/Business Name: _____

Attention/Department: _____

Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

TERMS AND CONDITIONS

1. **Transcripts cannot be released until your student ledger is "Paid in Full".**
2. There is a **\$10.00** fee for **each** official transcript.
3. Mailed requests can be sent with a check or money order, made payable to Florida Polytechnic University. Mail to: **Florida Polytechnic University, Bursar's Office, 4700 Research Way, Room 1103, Lakeland, FL 33805**
4. Credit card payments can be made in person at the Bursar's Office.
5. Please allow up to five (5) business days for processing

I certify that I am the above named student and authorize the release of my transcript to the address above

Signature: _____

Date: _____

INTERNAL OFFICE USE ONLY **Fee Paid:** _____ **Receipt Ref #:** _____

Account Balance: _____ **Fee Received By:** _____ **Date:** _____

Processed By Registrar: _____ **Date:** _____