

TRANSCRIPT REQUEST FORM

360 Santa Barbara Blvd. North Cape Coral, FL 33993

Instructions for processing your transcript request (Please print clearly in blue or black ink.):

- ✓ Your transcripts will not be released if there are outstanding obligations to the School.
- \checkmark All transcripts are sent by mail or available for pick up
- \checkmark A separate request form is required for each address you wish the transcript to be sent.
- \checkmark Please allow three (3) business days for your request to be processed.
- ✓ You must have photo identification (driver license or student ID card) when picking up transcript(s) at the counter.

<u>Mail-in transcript requests</u>: Mail your request along with a money order or check for the transcript fee (**\$5 per copy**) made payable to Cape Coral Technical College, attention Registrar to the address listed above.

<u>Hand delivered transcript requests</u>: Pay the transcript fee (**\$5.00 per copy**) at the Cashier's Office along with form. Allow three (3) business days for request to be processed.

Student ID number: Number of copies requested:			:
Student Name:	Former Names:		
Student Signature:	Request Date:		
Date of Birth:	Year Attended:	Phone: ()	
Current Address:	et or PO Box)	(City)	(State/Zin)
	:		
Address: City: State or Province:			
For Office Use Only:	Date:		hod:
Your transcript is not bein	ng released for the following reaso to the School, please call the Bookkee the School, please call Student Servic	on(s): eper's Office for furthe	r assistance.

Please resubmit your request after you have satisfied your obligation to the School. Thank you