FORT MYERS TECHNICAL COLLEGE
3800 Michigan Ave
Fort Myers, FL 33916

# Permission to Release Info/ TRANSCRIPT REQUEST FORM

**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.
- ✓ All transcripts are sent by mail or available for pick up
- ✓ **A separate request form is required for each address you wish the transcript to be sent.**
- ✓ Please allow two (2) weeks 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.

**Mail-in transcript requests**: Mail your request along with a money order or check for the transcript fee ($5 per copy) made payable to Fort Myers Technical College, attention Registrar to the address listed above... Please allow two (2) weeks for your request to be processed

**Hand delivered transcript requests:** Pay the transcript fee ($5.00 per copy) at the Cashier's Office along with form. Allow two (2) weeks for request to be processed.

I hereby authorize FMTC to release the following portions of my student records to the person/facility listed below: (choose all that apply)

| | |
|---|---|
| ☐ Copy of Transcript ($5 fee for each copy of transcript requested) | ☐ TABE Scores |
| ☐ Copy of Certificates or Diplomas | ☐ Attendance Records |
| ☐ Enrollment Verification Form ☐ (Early Learning Coalition of SW Fl.) | ☐ Other |

Student ID number: _____ Number of copies requested: _____

Student Name: _____ Former Names: _____

Current Address: _____
(Street or PO Box) (City) (State/Zip)

Date of Birth: _____ Year Attended: _____ Program: _____

**SPECIAL INSTRUCTIONS:** ☐ Will pick up Phone: ( ) _____

☐ Please Fax to (Number) (_____) _____

☐ SEND TRANSCRIPT TO:

Name of School or Institution:_____

Attention: _____

Address: _____

City: _____ State or Province: _____ZIP or Postal Code: _____

Student Signature: _____ Request Date: _____

**For Office Use Only:**

Processed by: _____ Date: _____ Payment Method: _____

**Your transcript is NOT being released for the following reason(s):**

☐ **Financial obligation to the School, please call the Bookkeeper's Office for further assistance.**

☐ **Other obligations to the School, please call Student Services for further assistance.**

☐ **Textbook obligations for materials and/or fines**

**Please resubmit your request after you have satisfied your obligation to the School. Thank you** (REV 9/22/16)