



Transcript Request Form

Name: _____

If you attended City College under a different name, please note it below:

Student ID: _____ Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Permanent Address: _____

Email Address: _____ Telephone: _____

Date You Started: _____ Date you Ended or Graduated: _____

City College degree(s) and date(s) awarded: _____ (All coursework taken at City College will be sent as one record.)

All official transcripts are \$5 and will be processed in 7-10 business days*
All transcripts are sent out via regular U.S. Postal Service.

Delivery Methods:

I am requesting _____ official transcript copies x \$5 = \$ _____

Make checks or money orders payable to the CITY COLLEGE.
Payment can also be made in person in cash or by credit card at the Student Accounts Office

I wish to **PICK-UP** my transcript(s).
(Transcripts are official until the seal of the envelope is broken.)

I am requesting 1 **unofficial transcript copy** (it will be mailed to the address above at no charge)
Note: If this is the first transcript request for this student, there is no charge.

I would like City College to **MAIL** my transcript(s). (Fill in address(es) below)

Do **NOT fill out an address below if you are picking up your transcript(s), otherwise it will be mailed out.

Address 1: _____

Address 2: _____

By signing below, I understand that:

- ❖ No request will be processed unless all City College holds (financial, medical, etc.) have been fulfilled.
- ❖ Requests are processed in the order received.
- ❖ *Delays may occur for archived records (pre-1995) and during peak periods.
- ❖ Transcripts may be ordered by or released to a third party **ONLY** with **PRIOR** written authorization from the student (inclusion of a copy of photo identification with signature that accompanies the request).
- ❖ Service turnaround times are related to processing **ONLY** and that all transcripts will go out regular U.S. mail.

I hereby authorize the release of my transcript:

Signature _____ Date _____

Financial Aid Only

Transcript: Approved

Denied

Reason: _____ Balance: _____

Payment Received: _____

Processed By: _____

Date: _____

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Fort Lauderdale
2000 W. Commercial Blvd., Suite 200
Fort Lauderdale, FL 33309
Tel. 954.492.5353 - Fax 954.491.1965

Gainesville
7001 N.W. 4th Blvd.
Gainesville, FL 32607
Tel. 352.335.4000 - Fax 352.335.4303

Miami
9300 S. Dadeland Blvd., Suite 200
Miami, FL 33156
Tel. 305.666.9242 Fax 305.666.9243

Hollywood
6565 Taft St., Suite 207
Hollywood, FL 33024
Tel. 954.744.1777 - Fax 954.983.0118

Altamonte Springs
177 Montgomery Rd.
Altamonte Springs, FL 32714
Tel. 407.831.9816 - Fax 407.831.1147