

## Transcript Request Form

### Permission to Release Information

Date

Program Attended  Year Attended

Student Name (as it appears in the records)

Address

Telephone #  Social Security #  Date of Birth

I hereby authorize FMIT to release the following portions of my student records to the person/facility listed below.

- Copy of Transcript
- Copy of Competency Sheet
- Copy of Certificates or Diplomas
- TABE Scores
- Other

Name of School or Other Facility

Send to the Attention of:

Street Address

City  State  Zip Code

Student Signature \_\_\_\_\_

Parent Signature  
(if applicable) \_\_\_\_\_

Please complete form and mail in with money order or cashier's check in the amount of \$5 per transcript.  
(If you need a transcript from any other school in Lee County, you must contact that school directly.)

**Fort Myers Institute of Technology**

Attention: Student Services Department

3800 Michigan Avenue

Fort Myers, FL 33916