



Transcript Request Form

Instructions:

- Transcript request fee is \$10 per copy
 - Request for official transcripts are normally processed within 3- 5 business days.
 - Payment is required prior to transcript being released.
 - Please allow additional processing time for request submitted at the beginning or end of each academic term.
- Transcripts **will not be released** if you have an outstanding financial obligation to Technical Education Center of Osceola.
- Complete a separate form for each institution or individual transcript requested
- All requests for transcripts require a signature
- Submit completed forms to Student Services:
 - Via fax - (407) 344-5089 or Via mail - Technical Education Center Osceola, 501 Simpson Road, Kissimmee, FL 34744

Federal law requires transcript requests must be made in writing and be signed by the student, unless the transcript is being forward directly to another educational institution.

Personal Information: Current Student Former Student

Student ID#/SSN: _____/_____/_____

Name: _____ Maiden or Former Names: _____

Address: _____ Daytime Phone# _____

Date of Birth: _____/_____/_____ Cell Phone# _____ Email: _____

Program information: *Please list dates of attendance, if unsure, give approximate dates*

Program Attended: _____ Dates of Attendance: _____/_____/_____ Through: _____/_____/_____

Program Attended: _____ Dates of Attendance: _____/_____/_____ Through: _____/_____/_____

Select from the option(s) below:

<p>Transcript Type:</p> <p>Please complete a separate Transcript Request Form for each transcript type.</p> <p style="text-align: center;">Official Qty _____ Unofficial Qty _____</p>	<p>Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>I authorize Technical Education Center of Osceola to charge my credit card</p> <p>VISA/MC# _____</p> <p>Exp Date: _____ Three Digit Security Code: _____</p> <p>Card Holder Name: _____</p> <p>Card Holder Signature: _____</p>
<p>Office Use Only:</p> <p>Requested x \$10.00 per copy = Amount Due \$ _____</p> <p>Payment received by: _____ Date: _____</p>	

Student Pick-up Please mail transcript(s) to the address listed below:

Institution Name: _____

Address: _____ City _____ State: _____ Zip _____

I hereby authorize TECHNICAL EDUCATION CENTER OF OSCEOLA to release official copies of my academic record to the person or institution listed above, with the understanding that the name recipient will not release the record to a third party without written consent.

Student Signature: _____ Date: _____