

DATE _____ STUDENT ID NO. _____ DAYTIME TELEPHONE _____

NAME UNDER WHICH YOU ATTENDED _____ DATE OF BIRTH _____
Please Print Last First

CURRENT NAME _____ Signature _____

No. of copies _____ Hold for current grades Hold for degree
\$5.00 per copy _____ paid Send now Date Florida Tech degree was or will be awarded _____
 I have included an attachment Will pick up (photo ID required) Month/Year

Transcripts will not be released to anyone whose financial obligations have not been satisfied. Transcripts cannot be released without student's signature. Transcripts will not be sent without receipt of full payment for transcript.

MAIL TO _____ **STUDENT** _____

NAME _____

ADDRESS _____

PHONE _____

Students who attended Florida Tech before Fall 1981 must order transcripts by filling and returning/faxing this form, rather than by electronic request through the Florida Tech PAWS Web site, www.fit.edu/paws (login required).

METHOD OF PAYMENT AMOUNT \$ _____ CHECK ENCLOSED CREDIT CARD MasterCard Visa American Express

DELIVERY METHOD Standard Mail (included in fee) Overnight (additional fee will apply)

Name on card _____ Credit Card No. _____

Credit Card Billing Address _____ CV No.* _____

Signature _____ Exp. Date _____

*CV No. is the 3-digit security number on reverse of credit card

SPECIAL INSTRUCTIONS

OFFICE USE ONLY

04 HOLD Yes No SPAIDEN—Update Address _____ Date Mailed _____

SOAHOLD _____ RSIAREV _____ Cannot release—Date notified _____ By phone By mail

Florida Institute of Technology • Office of the Registrar

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