

DATE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

NAME UNDER WHICH YOU ATTENDED \_\_\_\_\_  
*Please Print* Last First Middle

DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ Student Signature \_\_\_\_\_  
*A physical signature by student is required*

CURRENT NAME \_\_\_\_\_  
*Please Print* Last First Middle

No. of copies \_\_\_\_\_  Hold for current grades  Hold for degree  
\$10 per copy \_\_\_\_\_ paid  Send now  Date Florida Tech degree was or will be awarded \_\_\_\_\_  
*Month/Year*  
 Attachment included  Will pick up (photo ID required)

**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.**

|                           |                                    |
|---------------------------|------------------------------------|
| <b>MAIL TRANSCRIPT TO</b> | <b>CURRENT STUDENT INFORMATION</b> |
| NAME _____                | NAME _____                         |
| ADDRESS _____             | ADDRESS _____                      |
| PHONE _____               | PHONE _____                        |

**Transcript Processing Information: The normal processing time for transcripts is two weeks. If you are ordering your transcript to be shipped overnight, the overnight shipping will take place after the normal processing time. Students who attended Florida Tech before Fall 1981 must order transcripts by completing and returning/faxing/emailing this form, rather than by electronic request through <http://bit.ly/abaonlinetranscript>.**

**METHOD OF PAYMENT** Amount \$ \_\_\_\_\_  Check enclosed  MasterCard  Visa  American Express

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

Name on card \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ CV No.\* \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_  
*A physical signature by cardholder is required* *\*CV number is the 3-digit security number on reverse of credit card*

**SPECIAL INSTRUCTIONS**

**OFFICE USE ONLY**

04 HOLD  YES  NO—Update Address \_\_\_\_\_ DATE MAILED \_\_\_\_\_

SOAHOLD \_\_\_\_\_ RSIAREV \_\_\_\_\_ Cannot release—Date Notified \_\_\_\_\_  BY PHONE  BY MAIL