

<b>REGISTRAR STAFF ONLY</b>	
Date Received:	_____
Received By:	_____
Date Processed:	_____
<input type="checkbox"/> Mailed/USPS	<input type="checkbox"/> Electronically Sent

## Official Transcript Request

Please complete all required fields in pen, and submit completed form and payment to **Student Business Services (Wellness Center, Room 1103)**. Transcript requests will not be processed if there are any holds on a student's account or fees owed to the university. Please allow up to five (5) business days for processing.

TERMS & CONDITIONS
1. \$10 USD Fee per transcript can be paid via your CAMS Account or in person with your request at the Bursar's Office
2. Mailed requests accepted with check or money order, made payable to, <a href="#">Florida Polytechnic University</a>
3. Requests can be e-mailed to Student Business Services at: <a href="mailto:sbs@floridapoly.edu">sbs@floridapoly.edu</a> or it can be mailed to: Florida Polytechnic University, Student Business Services, 4700 Research Way, RM 1103, Lakeland, FL 33805
4. Transcripts will not be released if there is a balance on a student's ledger; it must be paid in full

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ EMAIL: \_\_\_\_\_@floridapoly.edu

MAIDEN/OTHER NAMES USED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ (Home or Cell) EMAIL: \_\_\_\_\_@floridapoly.edu

### Step 1: Transcript Process Instructions

Pickup  
  Process/Send Now  
  Hold for Current Semester Grades  
  Hold for Degree Awarded

Other: \_\_\_\_\_

### Step 2: Transcript Delivery Address (separate form required for each additional address)

School/Business Name: \_\_\_\_\_ Attention/Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Step 3: Student Certification

I certify I am the above named student and authorize the release of my transcript to the address indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Business Services			
Date Transcript Fee Paid: _____	Receipt Ref#: _____	Fee Received By: _____	
<b>Complete as applicable:</b>		<input type="checkbox"/> Student Ledger Paid	<input type="checkbox"/> Hold Removed
		Effective Date: _____	