



TRANSCRIPT REQUEST FORM

Fill out ONE form for EACH delivery address

Print this form and take to any campus cashier with payment (cash or check) or mail to Office of the Registrar with check. EFSC does not accept credit cards as payment unless paid through an online request.

Office of the Registrar, 1519 Clearlake Road, Cocoa, FL 32922

Name: _____
LAST (Please Print) FIRST (Please Print) MIDDLE (Please Print)

Previous Name(s) _____

EFSC ID or Last 4 Digits of SSN: _____ DOB: _____

Current Address _____

City _____ State _____ Zip _____ Email _____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Eastern Florida State College to release my academic record as noted. I understand that my account at Eastern Florida State College must be in good standing in order for transcripts to be processed.

Student's Signature _____ Date _____ Day Phone _____
(Signature is required for processing) (Required)

I would like to order _____ copies of my transcript. Dates of Attendance: _____

Standard Processing (\$10 per transcript) (Allow 3-5 working days; EFSC does not print on demand.)

Federal Express (\$35 per each mailing address + \$10 per transcript fee.)
Request must be received in the Office of the Registrar by noon for same-day processing

Do not send until grades are posted for the term: _____ (enter term, e.g. Fall 2015)

Do not send until my degree is posted for the term: _____ (enter term, e.g. Fall 2015)

I have included/faxed an attachment

Pick-up by student in Office of the Registrar - Cocoa Campus only (photo ID is required)

Pick-up by Third Party in Office of the Registrar: _____
Print name of authorized person - photo ID required

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REQUEST FOR TRANSCRIPT CAN BE PROCESSED ONLY IF ALL INFORMATION IS COMPLETE AND LEGIBLE

Provide name and exact address of where transcript is to be mailed (use additional sheet if needed)
Note: Federal Express will not deliver to a P.O. Box. You must provide a physical delivery location.

Mail to: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip: _____