

WITHLACOOCHEE TECHNICAL INSTITUTE

TRANSCRIPT REQUEST FORM

\$5.00 Fee per copy for past students

Transcripts processed within 48 hours from received request & payment

STUDENT INFORMATION:

LEGAL NAME WHILE IN SCHOOL: _____
Last First M.I.

NAME CURRENTLY USED (IF DIFFERENT THAN ABOVE): _____

Address City State Zip

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE #: _____

DATES OF ENROLLMENT or GRADUATION (SCHOOL YEAR): _____

STUDENT MUST HAVE BEEN ENROLLED WITHIN THE LAST FIVE YEARS.

1. **WHAT TO SEND:** HIGH SCHOOL / GED / VOCATIONAL (Circle All that Apply)

_____ OTHER (specify): _____

_____ Unofficial copy – Personal Use _____ Email Unofficial Copy to: _____

_____ Student will PICK-UP # _____ Transcript(s)

_____ Please mail # _____ Transcript(s) to address listed above.

*If student graduated or attended **over 5 years ago**, contact the County Office 726-1931 to request transcript.

GED Grads over 5 years contact: www.fldoe.org/workforce/ged or call 877-352-4331 to request transcript.*

ALL LAW ENFORCEMENT OR CORRECTIONS TRANSCRIPTS (REGARDLESS OF WHAT YEAR THEY ATTENDED) MUST BE REQUESTED FROM THE CRIMINAL JUSTICE ACADEMY

_____ **Electronic Transcript** – transmit via computer (used when submitting college admission applications in Florida) **HIGH SCHOOL TRANSCRIPTS ONLY**

_____ **PLEASE MAIL TRANSCRIPT - LIST SCHOOL INFORMATION BELOW:**

SCHOOL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

\$5.00 fee payable by cash or money order ONLY for each copy of transcript.

Please make payable to W.T.I. and mail or bring your request to:

Withlacoochee Technical Institute
Attention: Registrar
1201 W. Main Street
Inverness, FL 34452

Authorization - Student or Parent Signature Date

For Office Use Only:
Date Rec'd: _____ Date Pd: _____ Receipt# _____ Date Mailed: _____

PLEASE SUBMIT TRANSCRIPT REQUEST WITH PAYMENT.