



### OFFICIAL TRANSCRIPT REQUEST FORM

Instructions (print legibly):

1. Print a copy of this form and complete in full. You may submit a separate page for additional recipients.
2. **Transcripts are generally processed between 5 and 10 business days from receipt of request.**
3. There is a \$3.00 charge per transcript.
4. Processing Methods:
  - a. US mail to FKCC Enrollment, 5901 College Road, Key West, FL 33040.
  - b. Fax completed form to 305-292-5163.
  - c. Scan or cell-phone-photo and email to [admissions@fkcc.edu](mailto:admissions@fkcc.edu).
  - d. Complete in person
5. Payment Methods:
  - a. Pay by credit card. The Business Office will contact you for payment upon processing. (Visa/MC/AmEx/Discover are accepted).
  - b. US mail a check or money order along with this form. **Do not send cash.**
  - c. Pay in person

Student ID or **last four digits** of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (print): \_\_\_\_\_  
Last First Middle (Previous Name)

Student's Address: \_\_\_\_\_  
Street City State Zip Code

Current email: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_

**When do you want the transcript issued?**

**How many copies?** \_\_\_\_

Send transcript now

Hold for final grades

Fall \_\_ Spring \_\_ Summer \_\_

Hold for degree to be posted

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(written or electronic digital signature is mandatory for release of transcripts – **typed name is not acceptable**)

**Provide a complete address of where you would like your transcript to be mailed. Be aware that many colleges and universities require that official transcripts be mailed directly from the institution and not from the student.**

**Note:** No official transcripts will be furnished until your financial obligations to the college have been satisfied. The college is not responsible for transcripts once they leave our office. Please include as much information as possible and print legibly; failure to do so may result in a lengthy delay, incomplete transcripts, or transcripts being mailed to the wrong address(es).

Name of recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_