



## 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 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).
5. Payment Methods:
  - a. Contact the Business Office at 305-809-3186 to pay by credit card via phone or enter your credit card information in the box provided on this form (Visa/MC/AmEx/Discover are accepted).
  - b. US mail a check or money order along with this form. Do not send cash.

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

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**When do you want transcript issued?**

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

**Credit or Debit Card Payment**  
 (check here \_\_\_ if calling the Business Office  
 305-809-3186 with this information)

- Send transcript now
- Hold for final grades
- Fall \_\_\_ Spring \_\_\_ Summer \_\_\_
- Hold for degree to be posted

Card Type	
Card Number	
Billing Zip Code	
Security Code	
Expiration Date	

Student's Signature \_\_\_\_\_  
 (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 \_\_\_\_\_