

PLEASE SEND THIS REQUEST FORM TO YOUR HIGH SCHOOL OR COLLEGE

SOUTH FLORIDA COMMUNITY COLLEGE

****Any fees associated with this request are the responsibility of the student.**

**NOTE: FAILURE TO SUBMIT PROOF OF HIGH SCHOOL/COLLEGE TRANSCRIPTS
WILL BLOCK FUTURE REGISTRATION**

To: Office of the Registrar _____

Name of High School or College (previously attended)

Mailing address, city, state and zip code

PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPT TO:

**Office of the Registrar, South Florida Community College, 600 West College Drive,
Avon Park, FL 33825**

(Florida Schools: Please send transcript via FASTER – SFCC code 001522)

PLEASE RETURN THIS FORM WITH MY TRANSCRIPT:

Name while attending your institution: _____

Name at present (if different) _____

Graduated? Yes _____ **No** _____ **Date Graduated:** _____

Date of Birth: _____

Present Address: _____

Students Signature

Social Security Number

SFCC Student ID Number

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