



PLEASE SEND THIS REQUEST FORM TO YOUR HIGH SCHOOL OR 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 State College, 600 West College Drive,
Avon Park, FL 33825**

(Florida Schools: Please send transcript via FASTER – SFSC 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

SFSC Student ID Number