

Official Transcript Request (Release to Pensacola State College)

PLEASE ACCEPT THIS FORM AS AN OFFICIAL REQUEST TO RELEASE THE TRANSCRIPT OF YOUR FORMER STUDENT. THE TRANSCRIPT IS TO BE MAILED TO THE FOLLOWING ADDRESS:

**OFFICE OF ADMISSIONS & RECORDS
PENSACOLA STATE COLLEGE
1000 COLLEGE BOULEVARD
PENSACOLA FL 32504-8998**

If a fee for transcript processing is required or if additional information is needed in order to release the transcript, please notify the student at the address indicated below.

TO BE COMPLETED BY THE STUDENT:

Mail this form to the **Registrar's Office or Records Office** of your high school or the college/university you previously attended. If you have attended more than one college/university and need additional forms, you may copy this one or request additional forms from the Pensacola State College Records Office.

Name of School: _____

Address: _____

NOTE: If you are unsure of the address, you may want to "Google" the school. It is possible that your previous school has a transcript fee and you may have an option for requesting transcripts through the institution website.

Provide the information below to assist your high school or former college/university in locating your records:

Student ID Number at the school or last 4 digits of SSN	Last Name	First	Middle
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Name used when attending former school: _____

Date of Birth _____ Dates of Attendance _____

Current Address _____

Number/Street/Apt	City	State	Zip
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Student Signature _____ Date _____