



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 and Records
Pensacola State College
1000 College Boulevard
Pensacola, FL 32504-8998

If a fee for transcript processing is required or additional information is needed in order to release the transcript, please notify the student at the address indicated in the next section of this document.

To be completed by the student:

Mail this form to the Registrar's Office or Records Office of your high school or the college or university you previously attended. If you have attended more than one college or 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 _____ City _____ State _____ Zip _____

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

Student ID Number at the school
or last 4 digits of SSN

Name (Last, First, MI)

Name Used when Attending Former School: _____

Date of Birth (MM/DD/YYYY)

Dates of Attendance

Address _____ City _____ State _____ Zip _____

Student Signature

Date