

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.				
Address	City	State	Zip	
Provide the information below to assist yo	ur high school or former college or unive	rsity in locating your reco	rds:	
Student ID Number at the school or last 4 digits of SSN	Name (Last, First, MI)			
Name Used when Attending Former Schoo	ol:			
Date of Birth (MM/DD/YYYY)	Dates of Attendance			
Address	City	State	Zip	
 Student Signature	 		_	

Pensacola State College does not discriminate on the basis of race, color, national origin, sex, disability, age, ethnicity, religion, marital status, pregnancy, sexual orientation, gender identity or genetic information in its programs, activities and employment. For inquiries regarding the College's non-discrimination policies, contact the Executive Director of Institutional Equity and Student Conduct, 1000 College Boulevard, Building 5, Pensacola, Florida 32504, (850) 484-1759.