

Pensacola School of Massage Therapy & Health Careers

2409 Creighton Road / Pensacola, FL 32504 / Phone: (850) 474-1330 / Fax: (850) 475-4294

Request for Academic Transcript, Duplicate Diploma or Other Records

Instructions: Complete this form with all applicable information. **Fee payment and student signature** are both required at the time of ordering. If you have any type of hold on your records, only an unofficial transcript will be issued. Please note: transcripts cannot be ordered without a picture ID or written and signed authorization.

Fees:

- | | |
|---|---|
| \$ 5.00 per sealed/official academic transcript | \$ 2.00 per page, unofficial student file copies (Max per file \$20) |
| \$ 2.00 per unofficial academic transcript | \$ 5.00 per page, sealed/official student file copies (Max per file \$50) |
| \$15.00 per sealed/official duplicate diploma | <i>(Maximum charge per file excludes transcripts, diplomas and TABE scores)</i> |

Please enclose a check or money order for the proper amount; cash is accepted for in-person requests only. DO NOT MAIL CASH. Please note that in order to process your request, you must be in good standing both academically and financially with all obligations associated with your tenure at this college. This amount will be returned if we are unable to fulfill your request.

Please allow 14 days for processing.

Student Information: (please print)

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER - -
STREET ADDRESS					DATE OF BIRTH / /
CITY	STATE	ZIP	PHONE # () -	E-MAIL ADDRESS (optional)	
FULL NAME DURING ENROLLMENT			DATES ENROLLED From _____ To _____		CAMPUS LOCATION

Please check at least one:

- Academic Transcript - Official w/ Seal
- Transcript – Unofficial / NO SEAL
- Photocopy of Diploma – Unofficial / NO SEAL
- Other Records _____
- Duplicate Diploma – Replacement

No. Of Copies

Special Instructions:

- Hold for Pick Up *(we will notify you at the above contact number when processed)*
- Mail *(indicate to whom below)*
- Fax to: (____)____-____
Attention: _____

Addresses for Mailed Transcripts:

Please send _____ official transcript(s) to the following address:

Attn: _____

Please send _____ official transcript(s) to the following address:

Attn: _____

STUDENT SIGNATURE: (required) _____ **DATE:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your school records.

For Office Use Only:	Pickup / Mailed / Faxed	Processed by: _____	Date: _____
Payment:	Amount: \$ _____	Received by (staff initials) _____	Payment Type: Cash / Check / M.O. Date: _____
Financial: _____ Good Standing - Please process _____ DO NOT PROCESS! Return funds and have student contact college.			
Reason: _____			
Signature of College Official: _____		Date: _____	