

## ACADEMIC RECORDS REQUEST FORM

McFatter Technical College and Technical High School 6500 Nova Drive | Davie, FL 33317 754.321.5700 • Fax 754.321.5830 www.McFatterTechnicalCollege.edu



## **IMPORTANT NOTES**

Please read before completing. For transcript requests prior to 2001, contact records retention at 754.321.3150 or go to http://www.browardschools.com/transcripts.

Upon request, McFatter Technical College and Technical High School provides each postsecondary student a copy of his/her transcript at no charge.

All transcript requests must be made in writing. Secondary transcripts must be requested from the student's home high school.

- 1. Please allow 5-7 business days for processing or records request.
- 2. Incomplete and unsigned request will not be processed.
- 3. To request GED® records, please visit www.ged.com.

## **ONLINE INSTRUCTIONS:**

- 1. Download this form to your computer.
- 2. Complete the form, sign, and save a copy for your records.
- 3. Email the completed form to Linda Figueiredo at lindal.figueiredo@browardschools.com or fax to 754-321-5830, Attn: Linda Figueiredo, and attach a copy of photo I.D.

		(Nam	e of organization or persor	requesting records)	
Release/Mail Records to:					
To be picked up: ☐ Yes	□ No				
				☐ Other:	
Number of Transcripts:		☐ Official	☐ Attendance Verific	ation Letter	
Instructor:				Program Completed	l: 🖵 Yes 🔲 No
Program:	gram:			Last Month/Yr. Attended:	
Phone Number:			Date of Birth:		
Last 4 digits of SSN:			FL 5tud	ent ID# (optional):	
act 4 digits of CCNI	,	,	LI Or '		
Married/Other Name:	Last (w	nile attending MTC)		First	Middle
Name:Last (while attending MTC)			First		Middle

