

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 $\mbox{\rm GED}^{\mbox{\tiny 0}}$ 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.
- Email the completed form to franzie.williams@browardschools.com or fax to 754-321-5830, Attn: Franzie Williams, and attach a copy of photo I.D. or Driver's license

Name:				
Last (while attending MTC)		First		Middle
Married/Other Name:	ast (while attending MTC)		First	 Middle
L	ast (wrille attending witc)		FIISL	ivildale
Last 4 digits of SSN:		FL Student ID# (optional):		
Phone Number:		Date of E	Birth:	
Program:		Last Mo	nth/Yr. Attended:	
r rogram			Tull III. Auditada.	
Instructor:			Program Completed	I: ☐ Yes ☐ No
Number of Transcripts:	Official	☐ Attendance Verifica	ation Letter	
	Unofficial	☐ Health Record	Other:	
To be picked up: ☐ Yes ☐ No)			
Release/Mail Records to:				
	(Name	e of organization or person	requesting records)	
Address	City		State	Zip Code
Signature of Student (Parent if unde	r 18) -Tvoing (digital) name	is acknowledging that it is	s the same as signing the form	n Date

