
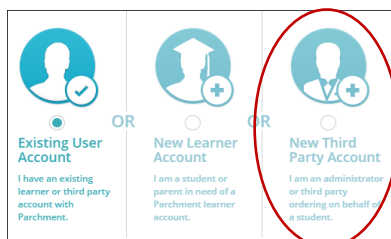


# THIRD-PARTY ENROLLMENT VERIFICATION PROCESS

McFatter Technical College has partnered with Parchment, a leader in eTranscript exchange to send transcripts and documents electronically, securely and confidentially. For high school verification requests, contact the respective high schools for their process.

## Third-Party Enrollment Verification Process

1. Click  or visit:  
[www.parchment.com/u/registration/8396/account](http://www.parchment.com/u/registration/8396/account).
2. Select “New Third Party Account” to sign-in or create a new account.



3. Follow the prompts to request student records.
4. Complete and upload the student’s signed Student Credential Request Authorization Form and Education Verification Request Form (refer to the following pages for both forms).

## Pricing

Type of Request	Cost
Third Party Enrollment Verification	\$25.00 per document type

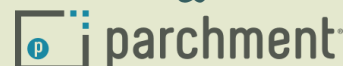
## Archived Records

Records from 2004 or prior must be requested from Records Retention at 754.321.3150 or visit [www.browardschools.com/transcripts](http://www.browardschools.com/transcripts).

## GED Transcripts

Request GED transcripts at [www.ged.com](http://www.ged.com).

MCFATTER  
TECHNICAL  
COLLEGE  
&



Request Records



Resource

[How to Place and Track Order\(s\) Video \(click\)](#)

Available Records

- Transcripts
- Technical Certificates
- Industry Credentials
- Health Documents
- Immunization Records
- Basic Skills Test Results
- Practical Nursing Permanent Record Card
- Third Party Verifications



MTC Academic Records Request  
754.321.5742 or 754.321.5700

# Credential Request Authorization Form

Company/Organization name

Today's date

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## Applicant's information

Name while enrolled in the institution

Date of birth

Street address

City

State/Province

Postal code

Email address

Phone number

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## Authorization

By signing this document, I authorize (enter receiving company/organization)

to request (enter name(s) of institution(s) that has your credential)

to release my complete academic credential to (enter receiving company/organization)

I certify under penalty of law that I am the individual identified in this credential request, or I am the parent/guardian authorized to make this request (sign below)

# Broward Technical Colleges



www.atlantictechcollege.edu



www.mcfattertechnicalcollege.edu



www.sheridantechcollege.edu

**Atlantic Technical College  
and Technical High School**  
4700 Coconut Creek Pkwy • Coconut Creek, FL 33063  
754-321-5100

**Atlantic Technical College  
Arthur Ashe Jr., Campus**  
1701 NW 23<sup>rd</sup> Ave. • Fort Lauderdale, FL 33311  
754-322-2800

**Atlantic Technical College  
Coconut Creek High School Campus**  
1400 NW 44<sup>th</sup> Avenue • Coconut Creek, FL 33066  
754-321-5350

**McFatter Technical College  
and Technical High School**  
6500 Nova Drive • Davie, FL 33317  
754-321-5700

**McFatter Technical College  
Broward Fire Academy Campus**  
2600 SW 71<sup>st</sup> Terrace • Davie, FL 33314  
754-321-1300 • www.broward.k12.fl.us/bfa

**Sheridan Technical College  
and Technical High School**  
5400 Sheridan Street • Hollywood, FL 33021  
754-321-5400

**Sheridan Technical College  
West Campus**  
20251 Stirling Road • Pembroke Pines, FL 33332  
754-321-3900

**Sheridan Technical High School**  
3775 SW 16<sup>th</sup> Street • Fort Lauderdale, FL 33312  
754-321-7450

## EDUCATION VERIFICATION REQUEST

Company: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Company's Email: \_\_\_\_\_

Company's Fax Number: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Company's Telephone Number: \_\_\_\_\_

Candidate Reference ID Number or Job ID Number: \_\_\_\_\_

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Candidate Name: \_\_\_\_\_

Name When Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Social Security Number (Last four digits): \_\_\_\_\_

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Candidate's Email: \_\_\_\_\_

Candidate's Telephone Number: \_\_\_\_\_

Candidate's Signed Consent Provided to institution: Yes \_\_\_\_\_ No \_\_\_\_\_

The school verifies the information below regarding the candidate:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Degree Type Awarded: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Course of Study: \_\_\_\_\_

GPA: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

If student did not Graduate, student attended from \_\_\_\_\_ to \_\_\_\_\_.

Comments: \_\_\_\_\_

For **2004** student records or prior, please contact Broward County Public Schools, Records Retention Department:

- <https://www.browardschools.com/transcripts>
- [records.retention@browardschools.com](mailto:records.retention@browardschools.com)
- 754-321-3150

Verified by School Official:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Institution Telephone Number: \_\_\_\_\_

Institution Fax Number: \_\_\_\_\_

