

DATE \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_ DAYTIME TELEPHONE \_\_\_\_\_

NAME UNDER WHICH YOU ATTENDED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
*Please Print Last First*

CURRENT NAME \_\_\_\_\_ *Signature* \_\_\_\_\_  
*A physical signature by student is required*

No. of copies \_\_\_\_\_  Hold for current grades  Hold for degree  
\$10 per copy \_\_\_\_\_ paid  Send now  Date Florida Tech degree was or will be awarded \_\_\_\_\_  
 I have included an attachment  Will pick up (photo ID required) *Month/Year*

**Transcripts will not be released to anyone whose financial obligations have not been satisfied. Transcripts cannot be released without student's signature. Transcripts will not be sent without receipt of full payment for transcript.**

**MAIL TO** \_\_\_\_\_ **STUDENT** \_\_\_\_\_  
\_\_\_\_\_  
NAME \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_

**Students who attended Florida Tech before Fall 1981 must order transcripts by filling and returning/faxing/emailing this form, rather than by electronic request through the Florida Tech PAWS Web site, [www.fit.edu/paws](http://www.fit.edu/paws) (login required).**

**METHOD OF PAYMENT** AMOUNT \$ \_\_\_\_\_  CHECK ENCLOSED  CREDIT CARD  MasterCard  Visa  American Express

**DELIVERY METHOD**  Standard Mail (included in fee)  Overnight (additional fee will apply)

Name on card \_\_\_\_\_ Credit Card No. \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ CV No.\* \_\_\_\_\_

**Signature** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
*A physical signature by cardholder is required* *\*CV No. is the 3-digit security number on reverse of credit card*

**SPECIAL INSTRUCTIONS**

**OFFICE USE ONLY**

04 HOLD  Yes  No SPAIDEN—Update Address \_\_\_\_\_ Date Mailed \_\_\_\_\_

SOAHOLD \_\_\_\_\_ RSIAREV \_\_\_\_\_ Cannot release—Date notified \_\_\_\_\_  By phone  By mail