TRANSCRIPT REQUEST

ATLANTIC TECHNICAL CENTER
TECHNICAL HIGH SCHOOL
4700 COCONUT CREEK PARKWAY
COCONUT CREEK, FLORIDA 33063

STUDENT NAME: _____
LAST FIRST

STUDENT ID NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

_____ Unofficial Transcript (not sealed, for your use only) to be picked up within 2 days.

_____ Official Transcript (signed by school official, in a sealed envelope) to be picked up within 2 days.

_____ Official Transcript (signed by school official and mailed)

_____ **Electronic (STATE SCHOOLS, SEE BELOW)**

_____ 1489 FSU – Florida State University
_____ 1493 Indian River Community College
_____ 1500 Broward Community College
_____ 1506 Miami-Dade College
_____ 1519 Santa Fe Community College
_____ 1533 Tallahassee Community College
_____ 1535 UF – University of Florida
_____ 3955 UWF University of West Florida
_____ 9635 FIU - Florida International University
_____ 0032553 FGCU – Florida Gulf Coast Univ.

_____ 001000200007300000000146600 Barry University
_____ 001000200007300000000148100 Florida Atlantic University
_____ 001000200007300000000150400 Manatee Community College
_____ 001000200007300000000153600 University of Miami
_____ 001000200007300000000153700 USF - University of South Fl.
_____ 001000200007300000000395400 UCF – University of Central Fl
_____ 001000200007300000000675000 Valencia Community College
_____ 001000200007300000001520000 Seminole Community College
_____ 001000200007300000000150400 Manatee Community College
_____ 001000200007300000000984100 University of North Florida
_____ 001000200007300000000148000 Florida A&M University

ALL TRANSCRIPT REQUEST WILL BE PROCESSED WITHIN 24 HOURS OF REQUESTS.

IMPORTANT: Please include complete address if you are requesting that the transcript be sent to a private or out of state college, organization or to your home.

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STUDENT SIGNATURE: _____ DATE: _____