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|  | |  | | School of Public Safety | | | | | | | | | | | | | | |  | | Business Office Use Only: | | | | | | | | | |
|  | |  | | TRANSCRIPT REQUEST FORM | | | | | | | | | | | | | | |  | | Holds Clear | | | | | | | | | |
|  | | THIS FORM IS ONLY TO BE USED IF PAYING THE TRANSCRIPT FEE(S) WITH CASH, DEBIT, CHECK, OR MONEY ORDER | | | | | | | | | | | | | | | | | | | Transcript Fees Paid | | | | | | | | | | |
|  | | Receipt # | | | | |  | | | |  |
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| Please make check or money order payable to: **Valencia College** | | | | | | | | | | | | | | | | | | |  | | Employee Initials: | | | | | | |  | |  |
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| **PLEASE NOTE**- Transcript will not be released if: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1. There is a hold on your student record. 2. There is a pending balance with the Finance Office or the Library. 3. The non-refundable transcript fee of $3.00 per transcript has not been paid. | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Last Name (At the time of your attendance) | | | | | | | |  | First Name | | | | | | | |  | Middle Name | | | |  | Birth Date | | | | | | | |
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| Can we use this to update your address? | | | | | | |  | Yes | | |  | | No | | | | | | | | | | | | | | | | | |
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| When do you want your transcript(s) processed? (Please check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Within 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hold for Final Grades | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hold for Degree to be Posted Transcript | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| You must sign this form before your request may be processed. | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
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| Type of Transcript Needed: | | | Academy | | |  | | Credit | | | |  | | | | | | | | | | | | | | | | | | |
| Total Number of Transcript Needed | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Please print clearly the complete name and address of where you want your transcript(s) sent. Fill out a separate request form for each address to which you are sending transcripts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS FOR TRANSCRIPT(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Institution Name: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | Contact/Dept. Name: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| This form can be turned in to the Criminal Justice Institute or mailed to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attn: Jackie Ruiz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Safety Enrollment Specialist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8600 Valencia College Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orlando, Fl. 32825 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |