

TRANSCRIPT REQUEST FORM

Secure Return Fax (631) 656-2172 Return Email registrar@ftc.edu
 Mailing Address 305 North Service Road, Dix Hills, NY 11746-5871

Transcripts must be requested in writing and are \$10 for each official transcript; there is no charge for an unofficial transcript. Requests from students with holds on their accounts will not be honored. Please allow 5-7 business days for processing. We accept all major credit cards as well as money orders and checks (with a 10 day hold) made payable to *Five Towns College*.

Your Name		ID#											
Other Name(s)		Date of Birth	M	M	D	D	Y	Y	Y	Y			
Signature		Today's Date	M	M	D	D	Y	Y	Y	Y			

↑ Please do not forget to sign! ↑

Your Mailing Address											
City				State				Zip Code			
Daytime Phone						Email					

of Official Copies _____ X \$10 each = \$ _____

of UNofficial Copies _____ (no charge - 1 copy only!)

Office Use: ___ CC ___ Ch ___ MO ___ \$

✓ **Choose one:**

Send transcript NOW	✓	Send transcript when all current semester grades are posted	✓	Send transcript when my degree has been conferred	✓
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RECIPIENT INFORMATION

_____ **Send the transcript(s) to me at the above address.**

(Each official transcript copy requested will come to you in a separate, sealed envelope.)

OR

_____ **Send the transcript(s) to the organization indicated below:**

Organization Name						Contact Person or Office					
Mailing Address											
City				State				Zip Code			

Complete the section below to use your **Visa, Discover or MasterCard ONLY:**

Name on the Card															
Card #															
CCV Code				Card Expiration Date				M	M	D	D	Y	Y	Y	Y