



CENTRAL FLORIDA INSTITUTE

Transcript Request

DATE OF REQUEST: _____

Please select campus:

- Charge is **\$7.00** per transcript. Exact payment must accompany each request. *Fee is subject to change without notice.*
- Transcript will not be released until all accounts are paid in full.
- Student is responsible for providing accurate information.

☐ **Orlando**

☐ **Palm Harbor**

PRINT NAME & ADDRESS

Current Name _____
Name while enrolled _____
Street Address _____
City/State/ZIP _____
Telephone _____
Email _____

Program Attended _____
Dates of Enrollment _____ to _____
Total Number of Transcripts Requested _____

Social Security Number (last 4) _____
Signature _____

MAIL TRANSCRIPT(S) TO

Recipient Name _____
Department/Building _____
Street Address _____
City/State/ZIP _____
Number of Transcripts _____

Recipient Name _____
Department/Building _____
Street Address _____
City/State/ZIP _____
Number of Transcripts _____

METHOD OF PAYMENT

☐ **Credit Card** – I hereby authorize a charge of \$_____ be made to my credit card*.

☐ VISA ☐ MasterCard ☐ Am Ex ☐ Discover

Account Number _____ Name on Card _____
Expiration Date _____ 3 Digit Security Code _____
Signature _____ Date _____

☐ **Check Or Money Order Payable to CPTC** Check/Money Order Number _____

FOR OFFICE USE ONLY

of Transcripts Requested: _____ Amount Due: \$ _____ Amount Received: \$ _____

Date Transcript(s) Mailed: _____ Completed By: _____

☐ Request Held Reason: _____

Mail Requests to:

CFI Records
11300 4th Street North, Suite 200
St. Petersburg, FL 33716

*Credit Card Requests may also be faxed to (727) 342-6421.
Credit Card Requests will appear as a Pathfinder debit/charge on your account.

Email Requests will not be accepted