



CENTRAL FLORIDA INSTITUTE

Transcript Request

DATE OF REQUEST: _____

- 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.

Please select campus:

- ☐ **Orlando**
- ☐ **Palm Harbor**

PRINT NAME & ADDRESS

Current Name _____
Name while enrolled _____
Street Address _____
City/State/ZIP _____
Social Security Number _____
Telephone _____
Dates of Enrollment _____ to _____
Number of Transcripts Requested _____
Signature _____

METHOD OF PAYMENT

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

- ☐ VISA ☐ MasterCard
☐ Am Ex ☐ Discover

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

Signature _____ Date _____

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

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 _____

FOR OFFICE USE ONLY

Number of Transcripts Requested: _____
Amount Due \$ _____
Amount Received \$ _____
Date Transcript(s) Mailed: _____
Completed By: _____
Date: _____
☐ Request Held
Reason for Hold: _____

Mail Requests to:
Career Path Training Corp.
CFI Records
11300 4th Street North, Suite 200
St. Petersburg, FL 33716

*Credit Card Requests may be emailed to CFIRecords@careerpathtraining.com