

OFFICE OF THE REGISTRAR

5840 26th St. W., Bldg. 1, Rm. 237, Bradenton, FL 34207 • phone 941-752-5060 • fax 941-727-6380 Registrar@SCF.edu

REQUEST FOR RECORDS TO BE SENT TO STATE COLLEGE OF FLORIDA

This form may be used to request records from your high school, college or university. It is your responsibility to obtain these records. Please note: State College of Florida, Manatee-Sarasota requires official transcripts issued directly from the sending institution.

Address of former institution:				
Please check the documentations to	be sent to the	following	address:	
 ☐ High school ☐ College/University Transcript ☐ GED Scores ☐ ACT/SAT test scores (less than 2 years old) 			State College of Florida, Manatee-Sarasota Attn: Office of the Registrar PO Box 1849, Bradenton, FL 34206	
I understand that any fees for trans cannot be billed for requests of rec		-	ity. State College of Florida, Manatee bility of the student.	-Sarasota
NAME:				
Last	First		Middle	
Address	_	Name Atte	ded Under	
City State Zi	p	Date of Bir	h	
Telephone Number	_	Social Security Number		
		Dates of Attendance:		
		From	To	
I give my permission to release my as indicated above.	transcript(s) a	and/or test s	cores to State College of Florida, Man	atee-Sarasota
Signature			Date	_

State College of Florida, Manatee-Sarasota does not discriminate on the basis of sex, pregnancy, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information or sexual orientation in any of its educational programs, services and activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, 5840 26th St. W., Bradenton, FL 34207.