



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

TRANSCRIPT REQUEST: Active-Duty Military – Spouses & Dependents,
Honorable Discharge Veterans rev. 5/2021

All transcript requests take THREE business days to process from the date form received by Office of the Registrar.

Please provide the following personal contact information:

SSN: _____ or G00 _____
Last Name _____
First Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____
E-mail address _____

In accordance with Florida Statute 1009.26. SCF will waive the transcript fee for a person who is on active duty or an honorably discharged veteran of the United States Armed Forces and his or her spouse and dependents. If you feel you qualify under these categories, please complete the Transcript Request form and submit to Veterans@SCF.edu. Please include in the subject line "United States Armed Forces Transcript Waiver." Once your request is received, the Veteran Services Office will verify eligibility and, if eligible, the transcript will be processed at no charge.

(Check One)

Transcript to be mailed _____ *Transcript to be picked up _____ Number of copies _____
(*Transcript pick up available at Bradenton campus only)

A photo ID must be presented at time of pick-up.

Please check one of the following to process request:

_____ Immediately (Send Now)
_____ After current semester final grades (check one) Fall _____ Spring _____ Summer A _____ Summer B _____
_____ After current semester degree is posted (check one) Fall _____ Spring _____ Summer A _____ Summer C _____
_____ After Dual Enrollment/High School final grades (check one) Fall _____ Spring _____ Summer A _____ Summer B _____
_____ After grade change Course prefix and number _____ Current Grade _____ Semester/Year _____

Please note: It remains your responsibility to ensure that the correct address is on the order form. The Office of the Registrar does not accept liability for an incorrect address. We are not responsible for mishandling by the U.S. Post Office or the receiving school or agency.

Mail transcript to:

College/Agency/Person
Attention
Address
City State Zip Code



Student Signature (Required)

Date

This personal information is issued in accordance with the Family Educational Rights and Privacy Act of 1974. It is intended for your use only. No personally identifiable information from this record may be released without the student's prior written consent. I hereby give State College of Florida, Manatee-Sarasota permission to release my transcripts as authorized above.

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.

Veterans Services Signature Required:

Approved []
Denied []

Registrar Processed/Mailed:
Initial: Date: