

# Atlantic Technical College

www.atlantictechnicalcollege.edu

Atlantic Technical College  
and Technical High School

4700 Coconut Creek Pkwy | Coconut Creek, FL 33063  
754-321-5100 | FAX: 754-321-5380



Atlantic Technical College  
Arthur Ashe, Jr. Campus

1701 NW 23<sup>rd</sup> Avenue | Fort Lauderdale, FL 33311  
754-322-2800 | FAX: 754-322-2880

## TRANSCRIPT REQUEST/CONSENT FOR RECORDS RELEASE

**PLEASE NOTE:** Upon request, Atlantic Technical College and Technical High School provides each postsecondary student a copy of his/her transcript at no charge. All transcript requests must be made in writing. Secondary transcripts must be requested from the student's home high school.

**PLEASE READ BEFORE COMPLETING.**

FOR TRANSCRIPT REQUESTS PRIOR TO 2004, CONTACT RECORDS RETENTION AT: [browardschools.com/transcripts](http://browardschools.com/transcripts) OR CALL 754-321-3150.

**INCORRECT OR INCOMPLETE INFORMATION MAY RESULT IN A DELAY IN PROCESSING THE REQUEST..**

**Online instructions:**

1. Drag/Save this form to your desktop, print out, and complete
2. Send the completed form by fax to 754-321-5380 or by email to [E.Beltran@browardschools.com](mailto:E.Beltran@browardschools.com)
3. Please attach a copy of a valid photo I.D.

Name: \_\_\_\_\_  
Last (while attending ATC) First Middle

Married/Other Name: \_\_\_\_\_  
Last First Middle

Last 4 digits of SSN: \_\_\_\_\_ FL Student ID# (optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_ Last Month/Yr. Attended: \_\_\_\_\_

Instructor: \_\_\_\_\_ Program Completed:  Yes  No

Number of Transcripts \_\_\_\_\_  Official  Attendance Verification Letter  
 Unofficial  Health Record  Other: \_\_\_\_\_

To be picked up  Yes  No

Release/Mail Records to: \_\_\_\_\_  
(Name of organization or person requesting records)

Address City State Zip Code

Signature of Student/\*Parent if under 18 Date

revised: 3/13/17 - AG/nc/daa



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