Atlantic Technical College

www.atlantictechnicalcollege.edu

Atlantic Technical College and Technical High School

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



Atlantic Technical College Arthur Ashe, Jr. Campus

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

TRANSCRIPT REQUEST/CONSENT FOR RECORDS RELEASE

<u>PLEASE NOTE</u>: 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 <u>BEFORE</u> COMPLETING.

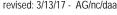
FOR TRANSCRIPT REQUESTS <u>PRIOR</u> TO 2004, CONTACT RECORDS RETENTION AT: browardschools.com/transcripts or CALL 754-321-3150.

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

Online instructions:

- 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
- 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: Ye	es 🗖 No
Number of Transcripts		endance Verification Letter alth Record	
To be picked up Yes 🗖	No		
Release/Mail Records to:			
		nization or person requesting records)	
Address	City	State	Zip Code
Signature of Student/*Parent if under 18	8	Date	





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