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 | FAX: 754-321-5380



Atlantic Technical College Arthur Ashe, Jr. Campus

1701 NW 23rd Avenue I 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.

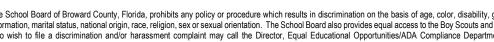
FOR TRANSCRIPT REQUESTS PRIOR TO 2004, CONTACT RECORDS RETENTION AT: browardschools.com/transcripts or CALL 754-321-3150.

INCOMPLETE FORMS WILL NOT BE PROCESSED

Online instructions:

- 1. Download and save this form to your desktop.
- 2. Open the form, compete, include your digital signature (see digital signature guide attached), and save it to your desktop.
- 3. E-mail the saved form and your valid photo I.D. to nancy.canellis@browardschools.com.

Name: Last (while attending ATC)	First	Middle	
Married/Other Name:			
Last	First	Middle	
Last 4 digits of SSN:	FL Student ID# (option	nal):	
Phone Number:	Date of Birth:		
Program:	Last Month/Yr. Atten		
Instructor:	Program Completed:	☐ Yes ☐ No	
Number of Transcripts	☐ Attendance Verification Lette ☐ Health Record ☐ Other		
Mail Records to:	(Name of organization or person requesting record	(s)	
Address	City	State Zip Code	
I certify, under penalty of perjury, pursuant to Florida Authorize the release of records or information as ins		dent requesting my records. I here	
Signature of Student		Date	
		revised 10/27/20 - AG	



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STEPS FOR SIGNING WITH A DIGITAL SIGNATURE

