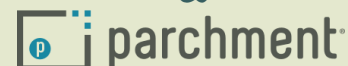


THIRD-PARTY ENROLLMENT VERIFICATION PROCESS


ATLANTIC
TECHNICAL
COLLEGE

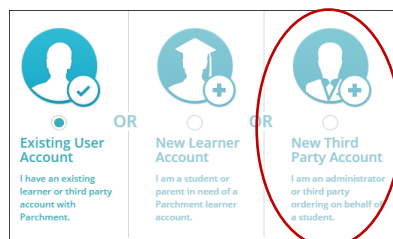
&



Atlantic Technical College has partnered with Parchment, a leader in eTranscript exchange to send transcripts and documents electronically, securely and confidentially. For high school verification requests, please contact the respective high schools for their process.

Third-Party Enrollment Verification Process

1. Click  or visit:
www.parchment.com/u/registration/8386/account.
2. Select “New Third Party Account” to sign-in or create a new account.



3. Follow the prompts to request student records.
4. Complete and upload the student’s signed Student Credential Request Authorization Form and Education Verification Request Form (refer to the following pages for both forms).

Pricing

Type of Request	Cost
Third Party Enrollment Verification	\$20.00 per document type

Archived Records

Records from 2004 or prior must be requested from Records Retention at 754.321.3150 or visit www.browardschools.com/transcripts.

GED Transcripts

Request GED transcripts at www.ged.com.

STC/ME/8-9-21



Request Records



(Click)

Resource

[How to Place and Track Order\(s\) Video \(click\)](#)

Available Records

Transcripts
Technical Certificates
Industry Credentials
Health Documents
Immunization Records
Basic Skills Test Results
Practical Nursing Permanent Record Card
Third Party Verifications



ATC Records Request Department
754.321.5214

Credential Request Authorization Form

Company/Organization name

Today's date

Applicant's information

Name while enrolled in the institution

Date of birth

Street address

City

State/Province

Postal code

Email address

Phone number

Authorization

By signing this document, I authorize (enter receiving company/organization)

to request (enter name(s) of institution(s) that has your credential)

to release my complete academic credential to (enter receiving company/organization)

I certify under penalty of law that I am the individual identified in this credential request, or I am the parent/guardian authorized to make this request (sign below)

Broward Technical Colleges



www.atlantictechnicalcollege.edu



www.mcfattertechnicalcollege.edu



www.sheridantechicalcollege.edu

**Atlantic Technical College
and Technical High School**
4700 Coconut Creek Pkwy • Coconut Creek, FL 33063
754-321-5100

**Atlantic Technical College
Arthur Ashe Jr., Campus**
1701 NW 23rd Ave. • Fort Lauderdale, FL 33311
754-322-2800

**Atlantic Technical College
Coconut Creek High School Campus**
1400 NW 44th Avenue • Coconut Creek, FL 33066
754-321-5350

**McFatter Technical College
and Technical High School**
6500 Nova Drive • Davie, FL 33317
754-321-5700

**McFatter Technical College
Broward Fire Academy Campus**
2600 SW 71st Terrace • Davie, FL 33314
754-321-1300 • www.broward.k12.fl.us/bfa

**Sheridan Technical College
and Technical High School**
5400 Sheridan Street • Hollywood, FL 33021
754-321-5400

**Sheridan Technical College
West Campus**
20251 Stirling Road • Pembroke Pines, FL 33332
754-321-3900

Sheridan Technical High School
3775 SW 16th Street • Fort Lauderdale, FL 33312
754-321-7450

EDUCATION VERIFICATION REQUEST

Company: _____

Company Contact Person: _____

Company's Email: _____

Company's Fax Number: _____

Company's Address: _____

Company's Telephone Number: _____

Candidate Reference ID Number or Job ID Number: _____

Candidate Name: _____

Name When Attended: _____

Date of Birth: _____

Institution Name: _____

Course of Study: _____

Year of Graduation: _____

Social Security Number (Last four digits): _____

Candidate's Email: _____

Candidate's Telephone Number: _____

Candidate's Signed Consent Provided to institution: Yes _____ No _____

The school verifies the information below regarding the candidate:

Start Date: _____

End Date: _____

Degree Type Awarded: _____

Graduation Date: _____

Course of Study: _____

GPA: _____

Hours Completed: _____

If student did not Graduate, student attended from _____ to _____.

Comments: _____

For **2004** student records or prior, please contact Broward County Public Schools, Records Retention Department:

- <https://www.browardschools.com/transcripts>
- records.retention@browardschools.com
- 754-321-3150

Verified by School Official:

Name: _____

Title: _____

Date: _____

Institution Telephone Number: _____

Institution Fax Number: _____

