



OFFICIAL USE ONLY	
Date rec'd: _____	Initials: _____
Mailed: _____	

**INSTRUCTIONS**

- Student signature is required for release of transcript.
- Transcript will not be issued if a student has a financial obligation or not fully admitted to the school.
- Print clearly to insure proper mailing.
- Fill out one request form for each address to which transcript is to be sent.
- If mailing: Make check or money order payable to Southwestern Vocational Training Student Services 120 Del Prado Blvd South, Suite 1-2 Cape Coral, Florida 33990.
- IF Faxing/Emailing: Call the office to pay with debit or credit card then fax the form with receipt number to 877-484-5955 or [studentservices@swvtfl.com](mailto:studentservices@swvtfl.com).
- **The transcript fee is \$10.00.**

**TRANSCRIPT REQUEST FORM :**

Student's name : \_\_\_\_\_

Student's address: \_\_\_\_\_

Date graduated: \_\_\_\_\_ DOB: \_\_\_\_\_

Location of class attendance \_\_\_\_\_

\_\_\_\_\_ Send a copy of my official transcript to the name and address listed below

\_\_\_\_\_ Provide me with an unofficial copy of my transcript.

\_\_\_\_\_ Provide me with an official copy of my transcript in a sealed envelope.

Name of school to mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number : \_\_\_\_\_ Fax : \_\_\_\_\_

**PLEASE SIGN BELOW:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your contact telephone number: \_\_\_\_\_