POLK STATE
Academic &
Student Services

999 Avenue H Northeast
Winter Haven, Florida 33881-4299
(863) 297-1000

STUDENT INCOMING TRANSCRIPT REQUEST FORM

INSTRUCTIONS

Please send my official: ( ) High School transcript to: ( ) College transcript to:

REGISTRAR'S OFFICE
POLK STATE COLLEGE
999 AVENUE H, N.E.
WINTER HAVEN, FL 33881-4299

STUDENT INFORMATION
(Please Print)

Name:_____
First **Middle** **Last**

Current Address _____

_____

Name while enrolled at your Institution: _____

Social Security Number: _____ **Date of Birth**_____

SCHOOL INFORMATION

Date of Attendance:_____ **NUMBER OF COPIES REQUESTED:** _____

IF REQUESTING A HIGH SCHOOL TRANSCRIPT:

Date of Graduation:_____ **High School**_____

**It is the Applicant's responsibility to determine the fee required to release an Official Transcript*

Transcript Fee enclosed: $_____ **Check**_____ **Money Order**_____

I hereby authorize the release of my transcript to Polk State College:

_____ _____
Signature **Date**

Applicant: Send this form directly to the school you previously attended. Do Not Return this form to Polk State College.