



**TRANSCRIPT REQUEST FORM**  
(No GED Transcripts, for Florida GED visit [www.GED.com](http://www.GED.com))

**Health Science Secretary**  
**Health Science**  
239.377.0953  
239.377.1004 FAX

**Guidance Secretary**  
**Non-Health Science**  
239.377.0915  
239.377.1003 FAX

**Mailed or Fax Transcript Request:** Mail your request along with a copy of *identification* and **\$5.00** money order or check made payable to the Lorenzo Walker Technical College, attention Student Services to address listed above or for payment call the School Store at 239-377-0920, and fax your request along with identification back to us. For Health Science fax to attention the Health Science Secretary at: 239-377-1004, for non-health programs fax to: 239-377.1003.

**Hand Delivered Transcript Request:** Fill out a transcript request form and *bring identification* to the Student Services Office and pay a **\$5.00** fee at the School Store.

**Note:**

- Your transcripts will not be released if there are outstanding obligations to the school.
- Allow approximately three (3) business days for transcripts to be processed, depending upon graduation date.

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**Student ID#:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Former Names: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Program Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code) (Country)

E-mail Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Send Transcripts to:**

Office/Person: \_\_\_\_\_

College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code) (Country)

**Date Mailed:** \_\_\_\_\_