

Request for Transcript

Submit completed Request for Transcript form with a \$10.00 non-refundable fee to the Registration Office in Building 8 at Lively Technical College, 500 North Appleyard Drive, Tallahassee, FL 32304, 850-487-7400 (office) or (fax) 850-487-7630. The form can also be emailed to Jamesia Shattles at shattlesj@leonschools.net. Please be aware personal checks are not accepted.

Registration is open Monday - Friday, 8:00 a.m. until 4:00 p.m. Processing may take up to ten days to complete.

DI FACE DRINT							
PLEASE PRINT							
Last Name:		First Name:				MI:	
Name if different while attending Lively Technical College							
Last Name:		First Name	:			MI:	
Social Security #:		Date of Birth:					
Mailing Address:		City:			State:	Zip:	
Home Phone Number: Work Phone		e Number: Cell		Cell P	Phone Number		
()	()_			()		
Date of Attendance:			(Completed: ☐ Yes ☐ No			
Program:						☐ Day ☐ Evening	
-							
Signature:			Date:				
□ Mail Mail to:							
□ Pick Up							
•							
OFFICE USE ONLY Outstanding Balance: Com			l By:	_	Date:		

There is a \$10.00 fee for $\underline{\textbf{each}}$ requested transcript.

There is no guarantee documents prior to 1998 will be located.



500 North Appleyard Drive Tallahassee, FI 32304

(P) 850-487-7400

(F) 850-487-7**6**3**0**

CREDIT CARD AUTHORIZATION FORM

Name:	Date:
Cost:	
Type of Credit Card:	
Name Printed on Credit Card:	
Credit Card #	
Expiration date:	
CVS# :	
I authorize Lively Technical the credit card information li	College to complete this transaction with sted above.
Signature:	Date:

This form can be faxed to (850)487-7630

If you have any additional questions please call (850)487-7400