



Document Request Form

There is a \$ 10.00 fee required for each Document Type processed. This fee is non-refundable.

Submit form by email to Registrar@taylorcollege.edu, by fax 352-245-0276 or in person.

Payment: <https://www.taylorcollege.edu> Payment Portal link at top of home page.

***** Signature Required to Process *****

Last 4 Social Security Number: XXX-XX-_____

Name: _____
Last MI First Maiden/Former

Mailing Address: _____
Street/ PO Box City State Zip Code

Phone Number (_____) _____ Email Address: _____

Attendance Dates _____ Program _____

Please check the information requested. *Not all items may be available and/or current.*

Unofficial Transcript Copy of Admission Test Results Copy of Immunizations

Enrollment Verification Letter Non-Credit Course Completion Letter (PHL, MA, NA, EKG)

Copy of Background Check (A copy of background may be provided, however, the record may not be used for any other purpose. You are not allowed to provide a copy of the record to any other organization.)

Your signature below denotes that you have read and understand this information.

Other (specify): _____

Number of documents being requested: ____ Document(s) to be mailed Document(s) to be picked up

Address used for mailing option: (please print full address)

Name: _____

Street Address: _____

City, St Zip: _____

Third Party Pick-Up Option: I authorize the person named below to pick-up my document(s) (photo ID required):

Name: _____

***** Student Signature:** _____ **Date:** _____

For Office Use Only:

Fee Paid: _____

Balance Clear: Yes ___ No ___ Address verify/Default _____

Registrar's Office Process Date: _____ By: _____