



Official Transcript Request Form

Transcripts will not be processed if the student has an unpaid financial obligation to the College.
Transcripts are processed within one week of receiving the Transcript Request Form and payment.

There is a **\$ 10.00 fee** required for each transcript 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 only one: Transcript to be mailed Transcript to be picked up

Number of transcripts being requested: _____

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

Name: _____

Attn.: _____

Street Address: _____

City, St Zip: _____

Third Party Pick-Up Option: I authorize the person named below to pick-up my transcript (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: _____