



Office of the Registrar

Transcript Request Form

Transcripts are processed within 5-7 business days from the receipt of the initial request(s). During peak times (i.e. registration and graduation), please allow 7-10 business days to process the request(s).

There is a \$10.00 charge for each copy of your transcript. Payment must be submitted at the time of your request. The Edward Waters College Cashier accepts cash, cashier's checks, money orders, and credit or debit cards; you may pay by phone at 904-470-8199 or 904-470-8247, as well as via online (https://form.jotform.com/71585645020151). Request(s) cannot be processed if you have not cleared with the Edward Waters College Office of Student Accounts prior to submitting your transcript request to the Edward Waters College Office of the Registrar. "No individual borrower who has been determined to be in default in making legally required scholarship loan, student loan, or guaranteed loan repayments shall be furnished with his or her academic transcripts or other student records until such time as the loan is paid in full or the default status has been removed (Florida Statute: Title XVIII 1009.95.5)." Loan status may be obtained from the United States Department of Education at 1-800-621-3115. THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE VIA THE ADDRESS OR FAX BELOW WITH ALL NECESSARY SIGNATURES AFFIXED.

Dual Enrollment Students Check Here. (Please fax or mail your Transcript Request Form & the receipt of payment.)

Social Security Number: _____

Name: _____ (Last) (First) (Middle Initial) (Maiden/Previous Name(s))

Address: _____ (Street Address) (City) (State) (Zip Code)

Phone Number: (_____) _____ Are you currently enrolled at EWC: Yes _____ No _____

Do you plan to attend graduate school? Yes _____ No _____ If yes, where? _____

Years Attended EWC: From: _____ To: _____ Birthdate: ____/____/____ (Month) (Day) (Year)

Did you graduate from EWC? Yes _____ No _____ If so, what year did you graduate? _____

_____ Official _____ Unofficial I would like to order _____ copies of my transcript.

Please provide the complete mailing address for transcript(s).

Please process this request (check all that apply): _____ Immediately _____ After the _____ semester grades are posted _____ After degree is posted

To obtain (check all that apply): _____ I will pick up my transcript (s) _____ Please mail my transcript(s) _____ I am sending someone else to pick up my transcript(s)

Student's Signature Date

In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, as amended, student's academic records are classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.

I _____ give _____ permission to pick up my transcript(s). (Requestor's Name) Print (Person Picking -up Transcript(s)) Print

DO NOT WRITE BELOW FOR OFFICE USE ONLY

Pick-up Date ____/____/____ (Print Name) _____ (Signature) _____

FINANCIAL AID ONLY: CLEAR IN DEFAULT Date Verified: _____ Initials: _____ (Circle Only One)

STUDENT ACCOUNTS ONLY: CLEAR OWES BALANCE \$ _____ Date Verified: _____ Initials: _____ (Circle Only One)

REGISTRAR'S OFFICE ONLY: Processed by: _____ Date Completed: _____ Time Completed: _____