



MARION
TECHNICAL COLLEGE

1014 SW 7th Rd
Ocala, FL 34471

Official Transcript Request Form

(This is **NOT** to be used for GED transcripts)

\$10.00 Non-refundable transcript fee for each copy

(Cash, Check or Money Order Only for payment- No Debit or Credit Cards)

Last Name

Middle Initial

First Name

Name at time of Graduation/Maiden Name/Other Names Used

Last 4 digits of SS#

Date of Birth

Enrollment Dates (MM/YY-MM/YY)

Name of Program Attended

Daytime Telephone Number

E-mail Address

I hereby give permission to Marion Technical College to release transcripts or information related to the classes I attended to the following: (Please include specific mailing address and any applicable departments/personnel.)

Signature

Date

Please send my transcripts to: (Applicant is responsible for the correct address)

1. _____

2. _____

Number of copies: _____

Number of copies: _____

Mail this completed form to:
Marion Technical College
Attention: Student Services
1014 SW 7th Road
Ocala, FL 34471

Office Use Only

_____ Date Received	_____ Date processed/sent	_____ Date picked up	_____ Receipt #
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