TAYLOR COLLEGE

Document Request Form

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

***** 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)**

☐ **Other (specify):** _____

☐ 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:
Balance Clear: Yes ____No ____ Address verify/Default _____
Registrar's Office Process Date: _____ By: _____