



BIG BEND TECHNICAL COLLEGE

Request for Transcripts

Name: _____ Date of Birth: _____

Last four digits of Social Security #: _____

Complete legal name at time of enrollment: _____

Career and Technical Education Program of enrollment: _____

Enrollment dates: _____

Records to be sent to:

Name: _____

Address: _____

Phone number: _____

If to be faxed: fax number: _____

Please enclose \$5.00 (per copy requested) cash, check or money order payable to BBTC. Credit cards may be processed by calling the school at 850.838.2545 ext. 233 (note a \$1.00 credit card processing fee will be charged on all credit card transactions under \$100). You may mail or bring your request to: Big Bend Technical College 3233 South Byron Butler Parkway, Perry, FL 32348.

Office Use Only:

Date received: _____ Amount paid: _____ Receipt #: _____ Date mailed/faxed: _____

Payment type: Cash ___ Check ___ (Check # _____) Money order ___ Credit Card ___

Revised 8/30/17