



This form may be used to request records for a student who is currently enrolled at the State College of Florida, Manatee-Sarasota.

\_\_\_\_\_

State College of Florida, Manatee-Sarasota  
Attn: Office of the Registrar  
PO Box 1849 Bradenton, FL 34206

ACT/SAT test scores less than 2 years old

I understand that any fees for transcripts are my responsibility. The State College of Florida, Manatee-Sarasota cannot be billed for requests of records and are the responsibility of the student.

NAME :

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Attended Under

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
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\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number

Dates of Attendance:

From \_\_\_\_\_ To \_\_\_\_\_

I give my permission to release my transcript(s) and/or test scores to the State College of Florida, Manatee-Sarasota as indicated above.

**B** \_\_\_\_\_  
Signature Date

State College of Florida, Manatee-Sarasota does not discriminate on the basis of sex, pregnancy, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information or sexual orientation in any of its educational programs, services and activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, 5840 26th St. W., Bradenton, FL 34207.