



Submit completed Request for Transcript with \$10.00 fee to the Registration Office in Building 8 at Lively Technical College, 500 North Appleyard Drive, Tallahassee, FL 32304, 850-487-7400 (office)or (fax) 850-487-7430.

Registration is open Monday - Friday, 8:00 a.m. until 4:00 p.m. Processing may take up to ten days to complete.

PLEASE PRINT							
Last Name:		First Name:				MI:	
Name if different while attending Lively Technical College							
Last Name:		First Name:	:			MI:	
Social Security #:		,	Date of Birth:				
Aailing Address:		City:			State:	Zip:	
Home Phone Number:	Work Phone	Numbe	er:	Cell I	Il Phone Number		
()	() (()		
Date of Attendance:					Completed: Yes No		
Program:					🗆 Day 🛛 Evening		
Signature:					Date:		
□ Mail Mail to:							
Pick Up							
OFFICE USE ONLY	Corr	npleted	Bv:		Date:		