



# Request for Transcript

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. The form can also be emailed to Jamesia Shattles at shattlesj@leonschools.net. **Please be aware personal checks are not accepted.**

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

<b>PLEASE PRINT</b>				
Last Name:		First Name:		MI:
<b>Name if different while attending Lively Technical College</b>				
Last Name:		First Name:		MI:
Social Security #:			Date of Birth:	
Mailing Address:		City:	State:	Zip:
Home Phone Number: (____) ____ - ____	Work Phone Number: (____) ____ - ____	Cell Phone Number (____) ____ - ____		
Date of Attendance:			Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program:			<input type="checkbox"/> Day <input type="checkbox"/> Evening	
Signature:			Date:	
<input type="checkbox"/> Mail	Mail to:	_____		
<input type="checkbox"/> Pick Up		_____		
		_____		
<b>OFFICE USE ONLY</b>	Outstanding Balance:	Completed By:	Date:	



Lively  
Technical  
College

500 North Appleyard Drive

Tallahassee, FL 32304

(P) 850-487-7400

(F) 850-487-7630

## CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cost: \_\_\_\_\_

Type of Credit Card:

Name Printed on Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVS# : \_\_\_\_\_

**I authorize Lively Technical College to complete this transaction with the credit card information listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form can be faxed to (850)487-7430*

*If you have any additional questions please call (850)487-7400*