



COLLEGE of  
CENTRAL  
FLORIDA  
—an equal opportunity college—

## ACADEMIC RECORDS REQUEST FORM

### Personal Information

CF ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Legal Name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc.  
Former Name(s): \_\_\_\_\_ Daytime Telephone No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code  
Program(s) Attended: \_\_\_\_\_  
Last Year Attended: \_\_\_\_\_ Did You Graduate? ☐ Yes ☐ No

### Delivery Method (limited to two copies)

- ☐ Pick up the following number of copies: \_\_\_\_\_  
To be picked up by: \_\_\_\_\_  
(ID must be presented at time of pick up)  
☐ Mail \_\_\_\_\_ copy(ies) to my mailing address  
☐ Mail \_\_\_\_\_ copy(ies) to another organization  
☐ Provide to the following other CF office for appeal:  
\_\_\_\_\_

#### Please mail a copy of the academic records request to:

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Requested Records

- ☐ Unofficial Transcripts: \_\_\_\_\_  
Specify School: \_\_\_\_\_  
☐ Academic Appeal Documents (grade, withdrawal, suspension, repeat, etc.)  
☐ Financial Aid Appeal Documents  
☐ Other: \_\_\_\_\_

### Important Notes and Signature

- Please allow 5-7 business days for processing of records request.
  - Requests of more than 10 pages will incur a cost of 10 cents (\$.10) per page.
  - Incomplete or unsigned request will not be processed. ID must be presented at submission.
  - To request GED® records please visit [www.ged.com](http://www.ged.com).
- Only fully completed forms will be accepted and processed.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### CF Campus Locations

Ocala Campus  
3001 S.W. College Road  
Ocala, FL 34474-4415  
352-873-5800

Citrus Campus  
3800 S. Lecanto Highway  
Lecanto, FL 34461-9026  
352-746-6721

Jack Wilkinson Levy Campus  
15390 N.W. Highway 19  
Chiefland, FL 32626  
352-658-4077