

**Advanced Technology College**  
1770 Technology Boulevard  
Daytona Beach, Florida 32117  
(386) 506-4100

**Daytona Beach Campus**  
1200 W. International Speedway Blvd.  
Daytona Beach, FL 32114  
(386) 506-3000

**Deltona Campus**  
2351 Providence Boulevard  
Deltona, FL 32725  
(386) 789-7302

**Flagler/Palm Coast Campus**  
3000 Palm Coast Parkway S.E.  
Palm Coast, FL 32137  
(386) 246-4800

**New Smyrna Beach-Edgewater Campus**  
940 10th Street  
New Smyrna Beach, FL 32137  
(386) 423-6300

**DeLand Campus**  
1155 County Road 4139  
DeLand, FL 32724  
(386) 785-2000

| Student ID Number |
|-------------------|
|                   |

| Last Name (Please Print)* |
|---------------------------|
|                           |

| First Name | Middle Initial | Maiden/Other Name |
|------------|----------------|-------------------|
|            |                |                   |

| Street Address |
|----------------|
|                |

| City | State | Zip |
|------|-------|-----|
|      |       |     |

| Phone Number | Birth Date | First Year Attended |
|--------------|------------|---------------------|
|              |            |                     |

| Please check the appropriate box  |
|---|
| Number of Copies: _____<br><input type="checkbox"/> Send copies now <b>OR</b><br><input type="checkbox"/> Hold for grades |

| Please check the appropriate box   |
|--|
| <input type="checkbox"/> Mail Transcript(s) to address below <b>OR</b><br><input type="checkbox"/> Pick-up Transcript(s).<br>Which Campus? _____ |

**This request cannot be processed without your signature.**

| Signature | Date |
|-----------|------|
|           |      |

Under the Family Education Rights and Privacy Act of 1974, this information is released to you on the condition that you will not permit any other party to have access to such information without the written permission of the student.

The College is not required to Furnish a Transcript to any student whose financial obligation to the College has not been satisfied.

| Mail Transcript to:   |
|---|
| Name / Institution / Agency _____<br>Attention to / Room # _____<br>Address 1 _____<br>Address 2 _____<br>City / State/ Zip _____ |

- Please allow 2 to 3 business days after receipt of request for processing.
- Daytona State College does not charge for high school transcripts.
- Please submit a separate request for each address.