



Southwest Florida Public Service Academy

4312 Michigan Ave Ft. Myers FL 33905
Tel: (239) 334 - 3897 - Fax: (239) 334 - 8794

Todd Everly, Director

REQUEST FOR RECORDS **(PLEASE PRINT CLEARLY)**

Name: _____ Social Security Number: _____

Date of Birth: _____ Phone Number: _____

Residential Address: _____

Mailing Address: _____

(Only if different from the residential address above)

I was in the following program:

- Law Enforcement Corrections Crossover Fire Academy

Class No: _____ Dates Attended: _____

I am requesting:

My Official Transcript

Other: _____

(Please be as specific as possible) **COPIES FROM YOUR STUDENT FILE WILL INCUR A CHARGE OF \$0.50/PAGE.**

Name of Person Requesting Transcript: _____
(If other than yourself)

Complete Address to Mail Transcript: **ATTN:** _____

ATTENTION:

- PLEASE ENCLOSE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$5.00 PER TRANSCRIPT (OR APPLICABLE FEE FOR OTHER DOCUMENTS) PAYABLE TO: "SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY." THE PROCESSING FEE IS WAIVED ONLY IF YOU ARE A CURRENT STUDENT OR IF YOUR HIRING AGENCY SUBMITS A "REQUEST FOR RECORDS" TO US DIRECTLY.
- ENCLOSE A STAMPED ENVELOPE WITH THE COMPLETE ADDRESS YOU WANT YOUR TRANSCRIPT SENT TO.
- MAIL REQUEST FOR RECORDS, PAYMENT, IF APPLICABLE, AND ENVELOPE TO: SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY (4312 MICHIGAN AVE., FORT MYERS, FL 33905) **ATTENTION: TRANSCRIPTS.**
- PLEASE ALLOW 1 WEEK FROM THE RECEIPT OF YOUR PAYMENT FOR PROCESSING OF THIS RECORDS REQUEST.
- INCOMPLETE OR ILLEGIBLE "REQUEST FOR RECORDS" WILL NOT BE PROCESSED.

OFFICE USE ONLY	
Application Complete	
Payment Enclosed	
Envelope Enclosed	

Signature: _____ Date: _____