



3132 Fortune Way | Suite D-27 | Wellington | Florida | 33414
 Toll Free: 1.800.890.6269 | Main: 561.537.5501 |
 Fax: 1.866.230.0259 | International Fax: 561.790.1300
<http://www.foresttrailacademy.com>

General Request Form

NOTICE: Please allow 3-5 days for your request to be completed.

First Name:	MI:	Last Name:	DOB:
Name Change (Former Name):		Day Telephone Number:	FAX:
Current Address		City	State Zip Code
Email:		Are you seeking NCAA Initial Eligibility Requirements (<i>Student athletes only</i>):	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Verification of Enrollment (VOE) <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Progress Report <input type="checkbox"/> Other: _____ Comments: _____ _____		<p style="text-align: center;">Send Records To:</p> <input type="checkbox"/> Mailed Requests (\$10 Each) <input type="checkbox"/> Overnight Shipping (\$55 Each Transcript) <i>International Cost May Vary*</i> _____ _____ _____ <input type="checkbox"/> Faxed or E-mailed (Free) <input type="checkbox"/> Fax <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax <input type="checkbox"/> Email: _____	

If you would like to use a different credit card, please provide the information below:

Name on Card

_____-_____-_____- ____/____ _____

Credit Card Number Expiration Date CVV (Security Code)

Credit Card Type: Visa American Express Discover Other _____

Street Address Apt#

City State Zip Code

I authorize Forest Trail Academy to charge my credit card on file for the service fee above.

_____ _____ _____

Cardholder's Signature Print Name Date

Authorization for release of records (if under 18, parent/guardian must sign)

_____ _____ _____

Signature Print Name Date