



219 N 13th Street Leesburg, FL

P: 352-787-7762 F: 352-323-1773

Official Transcript Request Form Date: _____

1. Pay the required fee
2. Complete the request form and email to hdavis@faleesburg.com or mpunt@faleesburg.com. Forms also may be dropped off at the office.
3. After fees have been collected, allow 5-7 business days for processing

Fees: (all accounts with FA must be paid in full before records are released)

- Hard Copy \$5.00
- Certified Mail \$12.00
- Digital Copy \$5.00 or free (for current students or 1st year alumni)

PERSONAL INFORMATION:

Date of Birth _____ Dates of attendance _____ Year of Graduation _____

Student Name _____

Current Address _____

Home Phone _____

Student's Signature _____

Parent Signature(if student is under 18 years of age) _____

Please indicate where the transcript must be sent.

Include the name/department receiving the transcript.

#1 Physical Address:

or Email Address:

#2 Physical Address:

or Email Address:

#3 Physical Address:

or Email Address

#4 Physical Address

or Email Address
