



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](mailto:hdavis@faleesburg.com) or [mpunt@faleesburg.com](mailto: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 1<sup>st</sup> 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

#3 Physical Address:

or

Email Address

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#4 Physical Address

or

Email Address

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