



219 N 13th Street Leesburg, FL

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

Official Transcript Request Form Date: _____

Students' accounts are billed \$5 for each hard copy that will be picked up in the office. If you are sending to a physical address, the transcript will be sent via certified mail with a return receipt requested. Accounts are billed \$12 for certified delivery for each transcript. If you are sending the transcript via email, students that have graduated within the last year will not be charged. All other students will be charged \$5. Transcripts will not be released if there is a balance on the account. Requests are processed in the order they are received. Please allow a minimum of 5-7 business days to process your request; extra time may be necessary during peak periods (e.g. – end of summer, graduation, registration).

Please type or print legibly

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:

