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. 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(Printed) _____

Parent Signature(Printed),(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

_____ _____

_____ _____