

Date Received: _____

Date Completed: _____

Fort Walton Beach High School

400 Hollywood Boulevard, SW

Fort Walton Beach, FL 32548

850-833-3300



STUDENT TRANSCRIPT REQUEST

Student Name: _____

Date of Birth: _____ SSN: _____

Year of Graduation: _____ Phone Number: _____

Transcripts will cost \$1.00. Please allow 48 hours to process your request. Requests should be turned in/sent to the Guidance Office.

Indicate type and number of transcripts you are requesting:

_____ Official Transcript I need _____ transcript(s)

_____ Unofficial Transcript I need _____ transcript(s)

Indicate your preference:

_____ I will pick up my transcript(s)

_____ Please mail my transcript(s)

If you want your transcript(s) mailed, please provide the name of the receiving school(s) below. For schools located out of state, please provide the COMPLETE mailing address.

1. _____

2. _____

3. _____

4. _____

Signature: _____

Date: _____