

**FORT WALTON BEACH HIGH SCHOOL TRANSCRIPT REQUEST**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Have you Graduated?** YES \_\_\_ **Year Graduated** \_\_\_\_\_ **NO** \_\_\_

**Please fill out the information below. If we are mailing your official transcripts we must have the complete address (including zip code).**

**Number desired:**

\_\_\_ **Official Copy**  
(and/or)

\_\_\_ **UnOfficial Copy**

**Please check below:**

\_\_\_ **Mail** and/or \_\_\_ **Pick Up**

\_\_\_ **Paid with Check (made out to FWBHS)**  
\*\*\* (\$1.00 per copy)

\_\_\_ **Paid Cash**

**Allow 24 hours to process. Transcripts ordered for pick up will be held for one week, and then destroyed.**

**Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**SEND TO THE FOLLOWING ADDRESS(ES):**

**\*\* Accurate address required for out of state or private schools. In-state colleges and universities will be sent electronically.**

**1. College/Agency/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**2. College/Agency/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**3. College/Agency/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**4. College/Agency/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I have verified that FWBHS and the college(s) have my correct social security number.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**FWBHS Guidance Office**