

TRANSCRIPT REQUEST FORM

PLEASE DO NOT USE THIS FORM IF YOU ARE A CURRENT STUDENT AT MSD

1. **PRINT & COMPLETE FORM & MAIL TO/DROP OFF AT:**

Marjory Stoneman Douglas High School
5901 Pine Island Road
Parkland, FL 33076
ATTN: REGISTRAR

2. **ENCLOSE CASH or MONEY ORDER;** per transcript : \$2.00 in-state public & pick-ups. \$3.00 all else.

3. **ATTACH** copy of photo ID

4. **DELIVERY METHOD** (please check one)

_____ **SCHOOL SENDS DIRECTLY TO INSTITUTION YOU LIST BELOW**

_____ **OFFICIAL TRANSCRIPT TO BE PICKED-UP**

PRINT Student Name: _____ **D.O.B.** _____ **School I.D.# 06** _____
(NOT mandatory)

Sign your name here: _____

Today's Date: _____ **Class of: 20** ____ **Phone#** _____

**Please place a ✓ to the left of FLORIDA 4-YR. UNIVERSITIES and COLLEGES:*

| | | | | | | | |
|------------------------------|-------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> FAU | <input type="checkbox"/> FGCU | <input type="checkbox"/> FSU | <input type="checkbox"/> UCF | <input type="checkbox"/> UF | <input type="checkbox"/> UNF | <input type="checkbox"/> FIU | <input type="checkbox"/> USF |
|------------------------------|-------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|

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|------------------------------------|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Broward C | <input type="checkbox"/> Palm Bch State C | <input type="checkbox"/> Tallahassee CC | <input type="checkbox"/> Santa Fe CC | <input type="checkbox"/> Valencia CC |
|------------------------------------|---|---|--------------------------------------|--------------------------------------|

OUT-OF-STATE and **ALL PRIVATE UNIVERSITIES** to be **MAILED:** Print name and mailing address:

1. **Name of Institution:** _____

Street Address _____

City, State, Zip Code _____

2. **Name of Institution:** _____

Street Address _____

City, State, Zip Code _____

For REGISTRAR

Date received

fee

(please use the back of this form, if you have additional schools)

