

TRANSCRIPT REQUEST FORM

Marjory Stoneman Douglas High School
5901 Pine Island Road
Parkland, Florida 33076
Attention: Registrar

ALL REQUESTS MUST BE IN WRITING AND INCLUDE:

1. TRANSCRIPT FEES; \$2.00 in-state public, \$3.00 out-of-state, CASH or MONEY ORDER ONLY.
2. COPY OF PHOTO ID

TOTAL transcripts requested: _____

DELIVERY METHOD (please check one)

_____ SCHOOL SENDS DIRECTLY

_____ PICK-UP Official Copy (AT REGISTRAR'S office IN 3-5 DAYS) MUST HAVE I.D

IT IS THE STUDENT'S RESPONSIBILITY TO CONFIRM RECEIPT OF TRANSCRIPT(S) WITH RECEIVING SCHOOL(S) DIRECTLY

PRINT Student Name: _____ D.O.B. _____

Today's Date: _____ Class of: _____ Phone# _____

****YOU MUST SUBMIT YOUR APPLICATION TO IN-STATE COLLEGES BEFORE REQUESTING TRANSCRIPTS****

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

BC	FAU	FGCU	FSU	UCF	UF	UNF	FIU	USF
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Name	Campus Location	Name	Campus Location
<input type="checkbox"/> Palm Beach CC		<input type="checkbox"/> Tallahassee CC	
<input type="checkbox"/> Santa Fe CC		<input type="checkbox"/> Valencia CC	

ALL OUT-OF-STATE and ALL PRIVATE UNIVERSITIES: If your school is not listed here, please provide name and mailing address below:

1. Name of Institution: _____

Street Address _____

City, State, Zip Code _____

2. Name of Institution: _____

Street Address _____

City, State, Zip Code _____

3. Name of Institution: _____

Street Address _____

City, State, Zip Code _____