

# COOPER CITY HIGH SCHOOL

## Transcript Request form for 2017 - 2022 Graduates/Inactive Students

**Reminder: Don't forget to send a copy of your picture ID**

Registrar's email: [lourdes.cardenas@browardschools.com](mailto:lourdes.cardenas@browardschools.com)

Last name \_\_\_\_\_

First name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student # \_\_\_\_\_

Phone Number \_\_\_\_\_

Graduation Year or last year attended CCHS \_\_\_\_\_

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***Please allow 24 hours to process request***

☐ I would like to pick-up my **official** transcripts ☐ I would like to pick-up my **unofficial** transcripts

(\$3.00 fee for each hard copy)

☐ Please send my transcript electronically to a Florida University/College

**(FREE of Charge)**

☐ Broward College

☐ Florida Atlantic Uni (FAU)

☐ Fla Gulf Coast Univ (FGCU)

☐ Florida Int'l Univ (FIU)

☐ Florida State Univ (FSU)

☐ Miami Dade College

☐ New College of Florida

☐ University of Central Fla. (UCF)

☐ Tallahassee Community Colleg

☐ University of Florida (UF)

☐ University of Miami (UM)

☐ University of N.Florida (UNF)

☐ University of South Florida (USF)

☐ University of West Florida (UWF)

☐ Valencia Community College

☐ Santa Fe College

☐ Barry University

☐ Florida Polytechnic Univ

☐ Palm Beach State College

☐ Florida A&M University (FAMU)

☐ I want my transcript to be mailed (**\$3.00 Fee paid ONLINE at <https://osp.osmsinc.com/browardfl/>**)

**\*College Name/Your Name (if mailed directly to you)** \_\_\_\_\_

To the attention of: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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Signature of Student

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Date

*\*Transcripts are mailed in an official envelope and should remain **UNOPENED** until delivered or mailed to the intended recipient.*