

CORAL SPRINGS HIGH SCHOOL

TRANSCRIPT REQUEST FORM

DUE TO FEDERAL PRIVACY LAWS, TRANSCRIPT CAN ONLY BE REQUESTED BY AND RELEASED TO THE STUDENT.

Student Name	
CSHS Student Number	
Date of Birth	
Student Phone Number	

Transcript Requested: ☐ **Electronic:** *Sent directly to Florida Public University*
☐ **Hard Copy:** *Pick-up by **STUDENT ONLY***
(ID Required)

(\$3.00 fee for a printed transcript-cash/money order)

Florida Public University or Community College

Place an "X" to the left of the institution name

<input type="checkbox"/> FAU	<input type="checkbox"/> FSU	<input type="checkbox"/> UCF
<input type="checkbox"/> FIU	<input type="checkbox"/> FGCU	<input type="checkbox"/> USF
<input type="checkbox"/> Broward College	<input type="checkbox"/> Palm Beach College	<input type="checkbox"/> Miami-Dade College
<input type="checkbox"/> UF	<input type="checkbox"/> FGCU	<input type="checkbox"/> UNF

Other Florida Public School: _____

Out of State/Private Universities:

Name of Institution	
Street Address	
Street Address	
Name of Institution	
Street Address	
Street Address	

I hereby give authorization to release my transcript(s) as instructed.

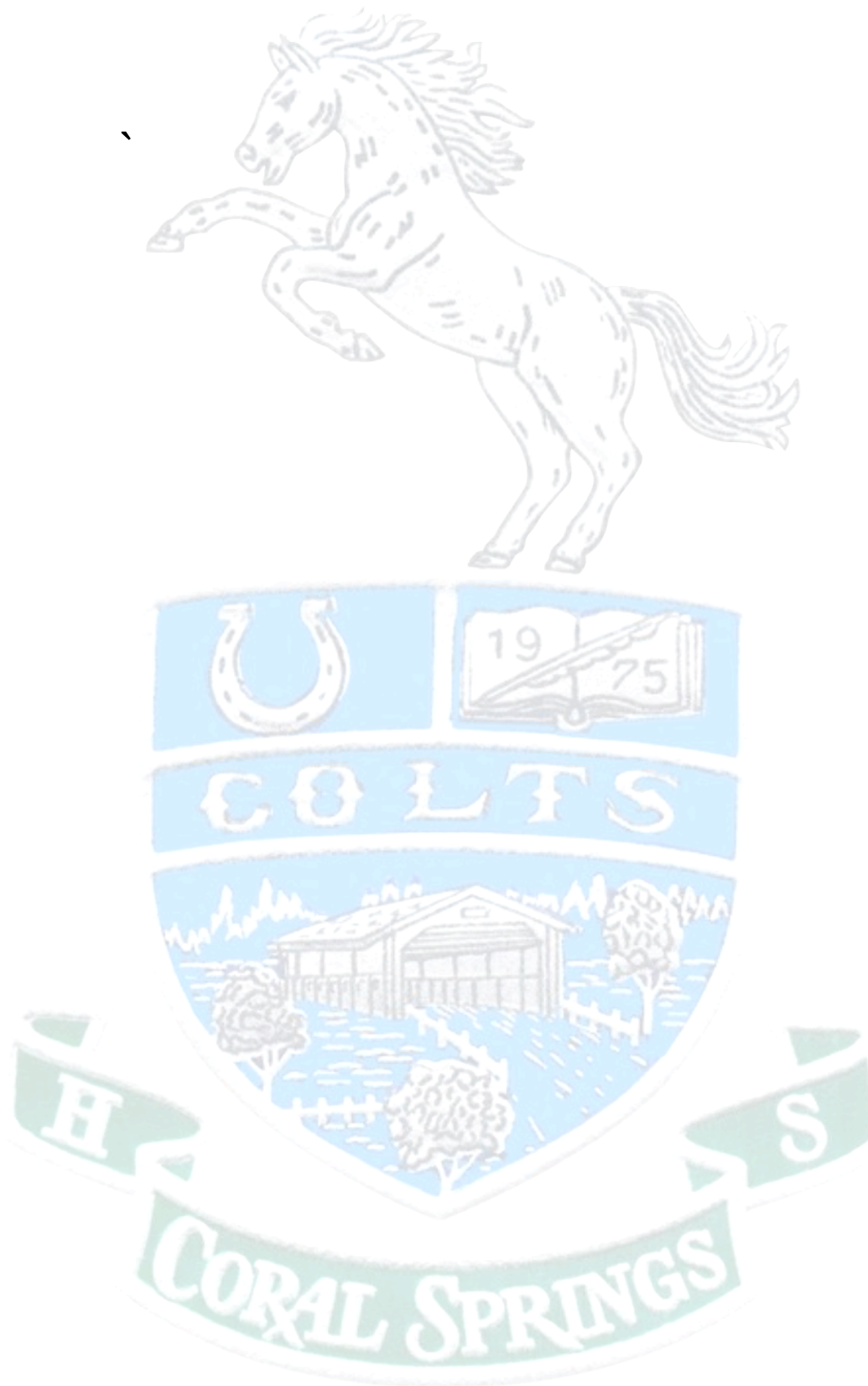
Signature

Date

Please send transcript request to: maria.marco@browardschools.com

Transcripts will be ready for pick-up within 5 business days.

Students are responsible for confirming receipt of transcript with the receiving school directly.



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