

TRANSCRIPT REQUEST FORM

J.P. Taravella High School
10600 Riverside Drive - Coral Springs, FL 33071

Attention: Registrar

THIS FORM IS ONLY FOR TRANSCRIPT REQUESTS FOR CURRENT STUDENTS AND GRADUTES 2011 AND AFTER. ALL OTHER REQUESTS MUST BE SENT TO RECORDS RETENTION (2010 and prior graduates).

TRANSCRIPT FEES ARE PAYABLE IN CASH OR MONEY ORDER ONLY. PLEASE ATTACH FEE TO FORM ALONG WITH PICTURE ID.

There is a **\$3.00** fee for each transcript, printed or mailed, including printed transcripts for scholarships. All electronic transcripts listed below are free of charge.

TOTAL TRANSCRIPTS REQUESTED _____

DELIVERY METHOD (please check one)

_____ School sends directly (If out of state, provide complete address below.)

_____ Pick up (At Registrar's office in 3-5 days) **MUST HAVE PHOTO ID.**

REQUESTS FOR TRANSCRIPTS WILL ONLY BE ACCEPTED FROM THE STUDENT.

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PLEASE PRINT CLEARLY

Student Name: _____ Address: _____ Student#: _____ Today's Date: _____
(or Maiden Name if Married) _____

D.O.B. _____ Class of: _____ Contact Phone #: _____
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THE FOLLOWING FLORIDA PUBLIC UNIVERSITIES AND COMMUNITY COLLEGES *are transmitted electronically and are FREE OF CHARGE.*

Please place a ☒ **to the left** of the institution name(s).

<input type="checkbox"/>	BARRY	<input type="checkbox"/>	FAMU	<input type="checkbox"/>	FGCU	<input type="checkbox"/>	FSU	<input type="checkbox"/>	UF	<input type="checkbox"/>	UNF	<input type="checkbox"/>	UWF
<input type="checkbox"/>		<input type="checkbox"/>	FAU	<input type="checkbox"/>	FIU	<input type="checkbox"/>	UCF	<input type="checkbox"/>	UM	<input type="checkbox"/>	USF	<input type="checkbox"/>	

Campus	Name	Name	Name	Name	Name
<input type="checkbox"/>	Broward College	Indian River CC	Miami Dade CC	Santa Fe CC	Valencia CC
<input type="checkbox"/>	Gulf Coast CC	Manatee CC	Palm Beach CC	Tallahassee CC	

OUT-OF-STATE and ALL PRIVATE UNIVERSITIES: Please provide name and address:

1. **Name of Institution** _____
Street Address _____
City, State, Zip _____

2. **Name of Institution** _____
Street Address _____
City, State, Zip _____