

RECORDS REQUEST – NON RETURNING STUDENTS

Cypress Bay High School – Registrar's Office
18600 Vista Park Blvd.
Weston, FL 33332
Ph: 754-323-0350 Fax: 754-323-0422

Today's Date: ____/____/____

Student # _____ Student DOB: ____/____/____

Student Name: _____

Current Grade Level: _____

Name of New School: _____

New Home Address (if known): _____

Address records are to be mailed
to (if different from above): _____

Phone # of parent / guardian: _____

**** IMPORTANT – PLEASE READ THE FOLLOWING!**

- ❖ THERE IS A \$2.00 FEE PER COPY FOR ALL TRANSCRIPTS
- ❖ Health records will be included.
- ❖ Transcripts will not be released until all EOC scores are in from the State of Florida
- ❖ Official Records will not be mailed until after final grades are in.
- ❖ ALL OBLIGATIONS MUST BE CLEARED PRIOR TO RECORDS BEING RELEASED

X _____
YOUR SIGNATURE AND RELATIONSHIP TO STUDENT IS NECESSARY – A TRANSCRIPT ORDER CANNOT
BE PROCESSED WITHOUT THIS! **IDENTIFICATION IS REQUIRED!**

----- AREA BELOW IS FOR INTERNAL OFFICE USE ONLY -----

_____ A23 Special Programs (ex: ESOL, ESE, etc.)
\$ _____ A25 Obligations
_____ DPC Notified