



REQUEST FOR FINAL TRANSCRIPT

Note: This form is to be given to the applicant's prior school *

STUDENT'S NAME

_____th
Entry Grade

First Middle Last Date of Birth

School

Parent's Signature

Date

PARENTS: Your signature above authorizes the release of school records to Oxbridge Academy.

SCHOOL PERSONNEL: Please forward the following checked items to Oxbridge Academy:

- | | |
|--|---|
| <input type="checkbox"/> Official, signed final transcript and/or report cards (6th through current grade) | <input type="checkbox"/> Psychological eval./IEP or learning plan |
| <input type="checkbox"/> Standardized tests (6th through current grade) | <input type="checkbox"/> Copy of birth certificate or passport |
| <input type="checkbox"/> Documentation of High school credits earned | <input type="checkbox"/> Immunization records (form DH680) |
| | <input type="checkbox"/> Last physical exam form DH3040 |

*Rule 64D-3.046, Florida Administrative Code states: The original paper DH680 form is a permanent school record and should be filed in the student's cumulative health record. This form should transfer along with all other school documents.

*Rule 6A-1.0955 Education Records (7) (a) Florida Administrative Code - The transfer of records shall be made immediately upon written request of an adult student, a parent or guardian of a student or a receiving school.

NOTE: We have moved to a paperless filing system. Please either fax the transcript to (561) 972-9897 or e-mail it to lruiz@oapb.org .

Please call the Registrar at (561) 972-9631 if you have any questions.