



MCARTHUR HIGH SCHOOL

Transcript Request Form

2020 – 2025 Graduates / Inactive Students

Email: MCH_RECORDS_GG@browardschools.com

REMINDER: Don't forget to send in your picture ID

Please fill out numbers 1 – 7

1. Date _____
2. Last Name _____
3. First Name _____
4. Date of Birth _____
5. Student # _____
6. Phone # _____
7. Last Year you attended McArthur 2020 2021 2022 2023 2024 2025

**How do you want us to process your transcript request?
You may select more than one option.**

FREE OF CHARGE OPTIONS

- Email my transcript to Email Address: _____
- Sheridan Tech Counselor Email _____
- I want my transcript sent to these school(s)

<input type="checkbox"/> BARRY	<input type="checkbox"/> BROWARD COLL	<input type="checkbox"/> FAU	<input type="checkbox"/> FGCU
<input type="checkbox"/> FIU	<input type="checkbox"/> FSU	<input type="checkbox"/> JACKSON UNIVERSITY	<input type="checkbox"/> MIAMI DADE COLL
<input type="checkbox"/> SANTA FE COLL	<input type="checkbox"/> STETSON UNIVERSITY	<input type="checkbox"/> ST. THOMAS UNIVERSTIY	<input type="checkbox"/> TALLAHASSEE COM COLL
<input type="checkbox"/> UCF	<input type="checkbox"/> UF	<input type="checkbox"/> UM	<input type="checkbox"/> UNF
<input type="checkbox"/> USF	<input type="checkbox"/> UWF	<input type="checkbox"/> LAKE SUMTER STATE	<input type="checkbox"/> VALENCIA COM COLL
<input type="checkbox"/> INDIAN RIVER STATE COLL	<input type="checkbox"/> PALM BEACH STATE COLL (Campus _____)	<input type="checkbox"/> DAYTONA STATE COLL (Campus _____)	<input type="checkbox"/> HILLSBOROUGH COMMUNITY (Campus _____)

\$2 Fee paid upfront ONLINE

- I want to pick up my transcript at McArthur HS (**Registrar will email you when its ready for pick up**)
- I want my transcript to be mailed

College Name / Your Name if mailed directly to you _____

Department (if Applicable) _____

Street Address _____

City, State, Zip Code _____