

**CURRENT STUDENT  
TRANSCRIPT REQUEST FORM  
PINE RIDGE HIGH SCHOOL**

Office Use Only

Date P/U - Sent

NAME \_\_\_\_\_ ALPHA ID \_\_\_\_\_ DATE \_\_\_\_\_  
GRADE LEVEL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

**REQUEST TRANSCRIPT BE SENT ELECTRONICALLY TO THE FOLLOWING SCHOOL(S):**

These schools will be able to view your transcript within 1-2 days

|                          |                                                 |                                    |                          |                                                    |                           |
|--------------------------|-------------------------------------------------|------------------------------------|--------------------------|----------------------------------------------------|---------------------------|
| <input type="checkbox"/> | <b>DSC</b><br>Daytona State College             | 730000000147500<br>SPEEDE/Ex OTHER | <input type="checkbox"/> | <b>SSC</b><br>Seminole State College               | 730000000152000<br>SPEEDE |
| <input type="checkbox"/> | <b>FAMU</b><br>Florida A&M University           | 00000740351<br>FASTER              | <input type="checkbox"/> | <b>SU</b><br>Stetson University                    | 730000000563000<br>SPEEDE |
| <input type="checkbox"/> | <b>FAU</b><br>Florida Atlantic University       | 730000000148100<br>SPEEDE          | <input type="checkbox"/> | <b>UF (UNDERGRAD)</b><br>University of Florida     | 00015350101<br>FASTER     |
| <input type="checkbox"/> | <b>FGCU</b><br>Florida Gulf Coast University    | 7300000003255300<br>SPEEDE         | <input type="checkbox"/> | <b>UCF (MAIN)</b><br>University of Central Florida | 730000000395400<br>SPEEDE |
| <input type="checkbox"/> | <b>FIU</b><br>Florida International University  | 00096350000<br>FASTER              | <input type="checkbox"/> | <b>UNF</b><br>University of North Florida          | 730000000984100<br>SPEEDE |
| <input type="checkbox"/> | <b>FLPOLY</b><br>Florida Polytechnic University | 730000000979000<br>SPEEDE          | <input type="checkbox"/> | <b>USF</b><br>University of South Florida          | 730000000153700<br>SPEEDE |
| <input type="checkbox"/> | <b>FSU (MAIN)</b><br>Florida State University   | 00014890001<br>FASTER              | <input type="checkbox"/> | <b>UWF</b><br>University of West Florida           | 00039550000<br>FASTER     |

**SEALED TRANSCRIPT / PICKED UP OR MAILED – \$5.00 FEE FOR EACH TRANSCRIPT IS PAYABLE UPON REQUEST.**

\_\_\_\_\_ \$ PAID \_\_\_\_\_ REC'D BY

**\*Transcript/s will be ready for pick up or mailed out within 2-3 days of request\***

Number of (paper) transcripts needed \_\_\_\_\_ (Do not include electronically submitted transcripts in this number)

☐ I will pick up transcript ☐ Mail transcript to the college(s) listed below:

College #1: \_\_\_\_\_ College #2: \_\_\_\_\_ College #3: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

**If the request is to be emailed, it must be specifically indicated below.**

Send transcript via email to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION STATEMENT AND SIGNATURE**

I authorize the School District of Volusia County, Florida to release or obtain the information specified above to the agency or individual above.

I understand that as an eligible parent/legal guardian or eligible student who is 18 years of age or attending a post secondary education institution, I have the right to review all records or student information being forwarded to the receiving party prior to release. I have also been informed that I have a right to a hearing to contest any information contained in requested records prior to release. I hereby authorize the release of records or information requested.

**I understand that Volusia County Schools cannot guarantee the confidentiality of any information that is sent via email. I further understand that transcripts that are faxed or e-mailed may not be considered official by the receiving agency. However, please**

☐ EMAIL my records to the number/e-mail address listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_ ID Provided \_\_\_\_\_

*Eligible Parent/Legal Guardian, Student 18 Years of Age or Student Attending Post Secondary Educational Institution*

**Return completed form to the Registrar's Office.**

Revised 11/02/15