

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

Office Use Only

Date P/U - SENT

NAME _____ MAIDEN NAME _____ ALPHA ID _____
PHONE # _____ GRADUATION YEAR _____ YEAR OF WITHDRAWAL
(if you did not graduate) _____

Completed graduation requirements during the Summer? ☐ Yes ☐ No DOB _____

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

An electronic transcript can be sent if you graduated (or) withdrew after June 2005. Please check the appropriate college or university you would like an electronic transcript sent to. **These schools will be able to view your transcript within 1-2 days**

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

Address: _____ Address: _____

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

Email transcript 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 e-mailed may not be considered official by the receiving agency.

However, please ☐ EMAIL my records to the 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 3/2018