

PEMBROKE PINES CHARTER SCHOOL TRANSCRIPT REQUEST FORM

CURRENT STUDENTS

STUDENT # _____ LAST NAME _____ FIRST NAME _____ TODAY'S DATE _____

CLASS OF 20 _____ CHARGE: \$2.00 FOR EACH ELECTRONIC TRANSCRIPT
DATE OF BIRTH _____ \$5.00 FOR EACH PAPER TRANSCRIPT
(CASH OR MONEY ORDER ONLY)

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OFFICIAL TRANSCRIPTS

(Transcripts to the schools listed below are transmitted electronically - \$2.00 EACH)

COMMON APPLICATION

- | | |
|---|--|
| _____ 1489-0001 FSU – Florida State University | _____ 3955-0000 UWF – University of West Florida |
| _____ 1493-0001 Indian River Com College Main | _____ 9635-0000 FIU – Florida International University |
| _____ 1493-0004 Indian River Com College St. Lucie West | _____ 00100020000730000000984100 University of North Florida |
| _____ 1500-0000 Broward College | _____ 00100020000730000000146600 Barry University |
| _____ 1506-0001 Miami-Dade College North | _____ 00100020000730000000148000 FAMU – Florida A&M University |
| _____ 1506-0002 Miami-Dade College Kendall | _____ 00100020000730000000148100 FAU – Florida Atlantic University |
| _____ 1506-0003 Miami-Dade College Wolfson | _____ 001000200007300000003957400 NWF–New College of Florida |
| _____ 1506-0004 Miami-Dade College Medical | _____ 00100020000730000000153700 USF - University of South Florida |
| _____ 1506-0011 Miami-Dade College Hialeah | _____ 00100020000730000000395400 UCF - University of Central Florida |
| _____ 1519-0000 Santa Fe Community College | _____ 00100020000730000000563000 Stetson University |
| _____ 1533-0001 Tallahassee Community College | _____ 00100020000730000000675000 Valencia Community College |
| _____ 1535-0101 UF – University of Florida | _____ 001000200007300000003255300 FGCU-Florida Gulf Coast Univ |
| | _____ 00100020000730000000153600 UM – University of Miami |

OTHER COLLEGES, UNIVERSITIES & SCHOLARSHIPS

(\$5.00 EACH – MUST HAVE COMPLETE MAILING ADDRESS - USE OTHER SIDE OF PAPER, IF NECESSARY)

1. _____
Name of School _____ Address _____ City _____ State _____ Zip _____
2. _____
Name of School _____ Address _____ City _____ State _____ Zip _____
3. _____
Name of School _____ Address _____ City _____ State _____ Zip _____
4. _____
Name of School _____ Address _____ City _____ State _____ Zip _____

IF YOU ARE PICKING UP TRANSCRIPT(S), PLEASE COMPLETE THIS SECTION.

Indicate the number of transcripts you would like to pick up and allow 3 days for your request to be processed.

***** (Student picking up – PPCHS is not mailing or sending electronically) *****

Student Copy of Transcript (UNOFFICIAL): _____ (\$5.00 EACH)

OFFICIAL Transcript (Sealed in an envelope): _____ (\$5.00 EACH)

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Amount Paid \$ _____

Student Signature _____