



# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## Transcript Request

Records Retention

7720 W. Oakland Park Blvd. 3rd Floor

Sunrise, Florida 33351

**\*INCOMPLETE OR UNACCEPTABLE REQUEST WILL BE RETURNED\***

REQUESTS MUST INCLUDE:

1. **\$2.00 OR \$7.00 FEE PER TRANSCRIPT, Only Accepting:**

\*MONEY ORDER, Payable to "The School Board of Broward County" OR

\*CASH (No Personal Checks)

2. **COPY OF PICTURE ID\*** \* Required

<input type="checkbox"/> <b>OFFICIAL</b> ie, College, Employment, Social Security, etc	<input type="checkbox"/> <b>CERTIFIED</b> ie, Immigration, Subpoenas, etc
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<b>REQUESTING:</b> HIGH SCHOOL     \$2 <input type="checkbox"/> CERTIFIED     \$7 <input type="checkbox"/> OTHER (K-8)     \$2 <input type="checkbox"/> SEE ABOVE FOR DEFINITION	VOC-TECH SCHOOL \$2 <input type="checkbox"/> VOTECH SCHOOL NAME _____ YR _____ PROGRAM TITLE _____	
LAST BROWARD COUNTY (HIGH) SCHOOL ATTENDED* _____	LAST YEAR ATTENDED (OR APPROX.)* _____	LAST GRADE ATTENDED (OR APPROX.) _____
GRADUATE <input type="checkbox"/> NON-GRADUATE <input type="checkbox"/>	NO. OF TRANSCRIPTS _____	

LAST NAME (in school)* _____	FIRST NAME* _____	MI. _____
MARRIED NAME/OTHER NAME _____	SOCIAL SECURITY (OPTIONAL) _____	BIRTHDATE* _____
_____		PHONE NUMBER _____
<b>MAILING INFORMATION</b> MAIL TO: _____ _____ _____ _____		
<b>I, HEREBY, AUTHORIZE RECORDS RETENTION TO RELEASE MY TRANSCRIPT(S) AS INSTRUCTED ABOVE</b>		
INK SIGNATURE* _____	DATE _____	