

SEBASTIAN RIVER HIGH SCHOOL
TRANSCRIPT REQUEST FORM

NAME _____ I.D. _____

COUNSELOR _____ Graduation Year _____

I authorize Sebastian River High School TO RELEASE MY TRANSCRIPTS:

PARENT SIGNATURE (IF UNDER 18) _____ DATE _____

STUDENT SIGNATURE (IF OVER 18) _____ DATE _____

If you are applying to a Florida College, University, or Community College, your transcript will be sent electronically.

If you are applying to a private or out-of-state school OR would like a hard copy of your transcript, you must pick up the sealed transcript in the Guidance Department.

Today's Date _____
Name of College _____
Name of Scholarship _____
Pick up transcript _____
Send electronically _____

DO NOT WRITE IN THIS SPACE
Date Processed: _____ Processed By: _____

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