REQUEST FOR FINAL TRANSCRIPT

SEBASTIAN RIVER HIGH SCHOOL
GUIDANCE DEPARTMENT
9001 SHARK BLVD.
SEBASTIAN, FL 32958
(FAX) 772-564-4182

Please print NEATLY

Year of Graduation: _____

Student's Name: _____

ID#: _____

Counselor's Name: _____

Name of College/University: _____

I authorize Sebastian River High School to release my FINAL TRANSCRIPTS:

_____ _____
Parent Signature (If Under Age 18) Date

_____ _____
Student Signature (If Over Age 18) Date

DO NOT WRITE IN THIS SPACE

DATE PROCESSED _____ PROCEDURE _____INITIALS _____