TRANSCRIPT REQUEST
(Transcript will be MAILED within 5 to 7 working day)
(PLEASE PRINT)

DATE OF REQUEST _____

STUDENT NAME (or) NAME AT TIME ATTENDING

First _____ Middle _____ Maiden/Other _____ Last _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

PARENTS' NAMES _____

SOCIAL SECURITY # _____

TYPE OF REQUEST

Transcript	_____	Vocational School Transcript	_____
Proof of Age/Birth Cert.	_____	Name of Vocational Course	_____
Immunization Only	_____	Course Name	_____
SAT/ACT Only	_____	Day or Evening Class	_____
Psy/ESE Records Only	_____	Year Attended	_____

LAST SCHOOL ATTENDED (excluding college) _____

YEAR GRADUATED _____ (or) YEAR WITHDRAWN _____

DIPLOMA TYPE:

STANDARD DIPLOMA _____
ADULT SCHOOL _____
GED (for more information call (941) 534-7450 _____

DAY PHONE # _____

MAIL RECORD TO: _____
(Name of College, University or Employer)

_____

_____
(City) (State) (Zip Code)

Request must be accompanied with full payment of $2.00 per packet in the form of cash, check or money order payable to Polk County School Board. (We do not fax transcripts they are not considered official without the embossing seal.)

SIGNATURE OF REQUESTER _____

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Office Use Only

Date Received _____
Receipt # _____
Date Completed _____
Student ID # _____
FDB generated film _____
Genesis generated _____

Please Mail Request to:

Polk County School Board
P.O. Box 391
Bartow, FL 33841
Attn: Student Records