



**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 (MONEY ORDER OR CASH ONLY) \*
2. COPY OF PICTURE ID\*

\* Required

\$2 OFFICIAL ie, College, Employment, Social Security, etc

\$7 CERTIFIED ie, Immigration, Subpoenas, etc

REQUESTING: HIGH SCHOOL \$2 <input type="checkbox"/> OTHER (K-8) \$2 <input type="checkbox"/> VOC-TECH SCHOOL \$2 <input type="checkbox"/> *CERTIFIED \$7 <input type="checkbox"/> SEE ABOVE FOR DEFINITION	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/OTHER NAME _____	SOCIAL SECURITY (OPTIONAL) _____	BIRTHDATE* _____
_____		PHONE NUMBER _____
<b>MAILING INFORMATION</b> <b>MAIL TO:</b> _____ _____ _____ _____		
<b>I, HEREBY, AUTHORIZE RECORDS RETENTION TO RELEASE MY TRANSCRIPT(S) AS INSTRUCTED</b>		
SIGNATURE* _____		DATE _____