

Buchholz High School Transcript Request Form

A \$2.00 per transcript handling fee is billed at the end of the school year

Name: _____ Date: _____

Phone No: _____ Date of Birth: _____ Grad Year: _____

Electronic transcripts (no addresses needed):

____ FGCU ____ FIU ____ FSU ____ UF ____ UWF ____ New College ____ Santa Fe

____ **FAMU**** ____ FAU ____ UCF ____ UNF ____ USF
**** Counselor form required**

Paper transcripts: Please indicate the name and address of college(s) you wish transcripts to be sent:

1) _____

 City _____ St _____ Zip _____
 Send by mail Give to counselor I will pick up

3) _____

 City _____ St _____ Zip _____
 Send by mail Give to counselor I will pick up

2) _____

 City _____ St _____ Zip _____
 Send by mail Give to counselor I will pick up

4) _____

 City _____ St _____ Zip _____
 Send by mail Give to counselor I will pick up

5) _____

 City _____ St _____ Zip _____
 Send by mail Give to counselor I will pick up

**Please check this box if you are Dual Enrolled.*

**If more spaces are needed, please use the reverse side and check this box*

Student Signature _____

By signing above this form is considered as a formal written request for Buchholz High School to release the above-mentioned student's transcript, college entrance exam scores and other information as deemed necessary which may assist the student in acquiring admission to colleges, in seeking entrance into the military, and in obtaining monies for scholarships. We understand this information will be released to all inquiring and/or individuals requesting information unless otherwise specified below.