



Santa Fe High School

School Counseling Department

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TRANSCRIPT REQUEST

Please Note:

- All fees must be paid before a transcript will be sent.
- SFHS only keeps transcripts for SFHS graduates from the last five years.

Name _____ Birth Date: _____

A. (No Charge) Please electronically send my transcript to:

- _____ UF
- _____ SFCC
- _____ FSU
- _____ UNF
- _____ UWF
- _____ FAU
- _____ UCF
- _____ USF
- _____ FGCU
- _____ FIU
- _____ FAMU
- _____ LCCC
- _____ Other Florida Public College, College Names _____

B. (\$3.00 per transcript) Please mail my official transcript to:

School: _____
Address: _____

C. (\$2.00 per transcript) I will pick up an official paper copy.

Yes _____ Number of Copies _____

Student's Signature _____