



## Request for Transcripts

Complete legal name (*while attending school*): \_\_\_\_\_

Name currently using (*if different from above*): \_\_\_\_\_

Last public school and grade attended in Citrus County: \_\_\_\_\_

Graduation or withdrawal date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ or Email address: \_\_\_\_\_  
(Where you can be contacted)

### **Records requested:**

(Please indicate quantity needed in space provided)

\_\_\_\_\_ High school transcripts, official

\_\_\_\_\_ High school transcripts, unofficial

(Note) \_\_\_\_\_

### **Send requested records to:**

(Name and address of where records are to be sent) (If to be faxed, please include phone number and name of contact in case of fax errors.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Signature (required):** \_\_\_\_\_ Date: \_\_\_\_\_

Enclose a \$5.00 (per copy) check or money order made payable to: Citrus County School Board

You may mail or bring your request to:  
Citrus County School Board  
Attention: Transcripts  
1007 W. Main Street  
Inverness, FL 34450

Office Use Only: Date Rec'd: _____ Amt Paid: _____ Receipt # _____ Date Mailed: _____ Payment Type: Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/>
---