

In accordance with the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380) the attached form must be completed to comply with your transcript request. Charges are \$1 per transcript for students currently attending Eau Gallie High school and for the first year after graduating. Charges are \$5.00 per transcript at EGHS for students who graduated 2-5 years ago. Transcript will be ready with in 48 hours. If you graduated over 5 years ago please call 321-633-1000 X500 or go to <http://www.brevardschools.org/>

REQUEST FOR TRANSCRIPT

NAME:

(Last) (First) (Middle) (Maiden) (Student # or Social Security#)

Year of Graduation (or withdrawal): _____ **Date of Birth:** _____

Please send a copy of my transcript to:

1.) _____ (School, Institution or Agency Name)	2.) _____ (School, Institution or Agency Name)	3.) _____ (School, Institution or Agency Name)
_____ (Street Address)	_____ (Street Address)	_____ (Street Address)
_____ (City, State & Zip Code)	_____ (City, State & Zip Code)	_____ (City, State & Zip Code)

Please Include AICE/AP test scores.

Years taken

* _____ (Parental Signature-required if student is less than 18 years old)	* _____ (Student Signature**)
_____ (Student's Street Address)	Date: _____
_____ (City, State & Zip Code)	Home Phone: _____

****Note:** In those instances where the student is 18 years of age or older, this form must be completed by the student. 43.7, Paragraph 1, School Board Policies.

- Please Mail
- Student will pick up official copy's x _____
MORE COPIES
- Please send electronically +++

+++ Please note that SAT/ACT scores will not be on electronic transcripts sent to colleges.

Office Use

Transcript mailed _____

Hand carried _____

Amount Paid _____

Electronically Sent _____