

SATELLITE HIGH SCHOOL **FINAL** TRANSCRIPT REQUEST FORM

LAST NAME: _____ FIRST NAME: _____ STUDENT NUMBER: _____

DATE REQUEST SUBMITTED: _____ GRADUATION YEAR: _____

I authorize **Satellite High School** to release my transcript to the person/institution indicated on this form. I understand that each printed transcript will cost \$2.00. Payment is expected no later than at the time of pick up to process the request. *Processing time for Printed Copies: Forms turned in before June 12th will be ready as soon as they are finalized. Forms turned in after may take 1-3 business days.* Transcripts not picked up within 30 days of being made available will be destroyed and a new request will need to be submitted and paid for again. Additionally, it is the student's responsibility to verify that official transcripts have been received by colleges/universities.

I understand that the state of Florida has removed all college entrance test scores (ACT and SAT) from Electronic Transcripts sent through the FASTER/SPEEDE/ExPRESS system to post-secondary institutions. I understand that it is the student's responsibility to request test scores be submitted directly from my SAT/ACT account. Please select an option below and then sign.

☐ **Yes**, I give permission to **Satellite High School** to release all of my SAT and ACT test results to the requested post-secondary institution

☐ **No**, I do not give permission to **Satellite High School** to release the listed SAT or ACT test results on the date(s) specified to the requested post-secondary institution

Test _____ Test _____ Test _____ Test _____ Test _____
Date _____ Date _____ Date _____ Date _____ Date _____

Student Signature/Date

Parent/Guardian Signature/Date
(if student is under 18)

Current Seniors End of Year FINAL Transcripts will not be available for pick up until mid-to-late JUNE post-graduation. Please feel free to reach out to check if they are ready once it is mid-June.

☐ **1 Free FINAL Transcript Printed**

Choose this option if you or a parent plan to come in and pick up your final transcript. List the names of parents authorized to pick up on your behalf.

☐ **Print Additional** Official Transcript(s) for \$2.00 each to be picked up by the student or parent/guardian.

Number of Additional Transcripts: ____

Total Owed for Additional Transcripts: \$____

☐ **Common App:** *If you applied to Colleges using Common App, please list the school you will be attending so your counselor can upload your Final Transcript to them through the Common App Platform as well.*

☐ **EMAIL or FASTER/SPEEDE:** *Please list the college/university Full Name and Admissions Email if applicable. If the school has multiple locations, make sure to list the correct one. Out of State schools MUST have an email provided.*

OFFICE
USE
ONLY

Total Number of Printed Transcripts: _____ Initials: _____ Date: _____

Printed Transcripts Received by: _____ Date: _____

Total Owed

\$ _____

Total Paid

\$ _____