

**SEBASTIAN RIVER HIGH SCHOOL  
TRANSCRIPT REQUEST FORM**

**NAME** \_\_\_\_\_ **I.D.** \_\_\_\_\_

**COUNSELOR** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_

**I authorize Sebastian River High School TO RELEASE MY TRANSCRIPTS:**

\_\_\_\_\_  
**PARENT SIGNATURE (IF UNDER 18)** **DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE (IF OVER 18)** **DATE**

**If you are applying to a Florida College, University, or Community College, your transcript will be sent electronically.**

**If you are applying to a private or out-of-state school OR would like a hard copy of your transcript, you must pick up the sealed transcript in the Guidance Department.**

**DO NOT WRITE IN THIS SPACE**

Today's Date \_\_\_\_\_  
Name of College \_\_\_\_\_  
Name of Scholarship \_\_\_\_\_  
Pick up transcript \_\_\_\_\_  
Send electronically \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

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