

Haines City High School - Transcript Request Form

Today's Date _____

Graduate What Year _____

\$2.00 Charge _____ Cash / M.O.

Full Legal Name _____ Student ID # _____

Date of Birth _____ Social Security # _____

Current Home Address _____

City/State/ZIP _____ Phone Number _____

Send Transcripts/Test Data to: (Must supply name, address, and specific campus of college/university/school)

Student Signature X _____

Return Transcript to:

_____ Counselor

_____ Career Lab

_____ Direct Mail

_____ Student Pickup

FOR OFFICE USE ONLY

Date Completed _____

College # _____