

THE SCHOOL BOARD OF CALHOUN COUNTY, FLORIDA
Transcript Request
 20859 Central Avenue East, Room G-20
 Blountstown, FL 32424

INCOMPLETE OR UNACCEPTABLE REQUEST WILL BE RETURNED

REQUEST MUST INCLUDE:

- 1. Copy of Picture ID****
- 2. Signature of person whose records are being requested****

LAST SCHOOL ATTENDED*: Altha Public School Blountstown Elementary School Blountstown High School Blountstown Middle Calhoun County Adult School Carr Elementary & Middle School Other: _____	RECORDS REQUEST*: Proof of Graduation Birth Date Verification Immunizations ESE Records Psychological Test Scores Transcript Other: _____	Most records requests can be sent to a school, college, or university in the state of Florida electronically. Please provide the following information: Name of Institution: _____ City and County of Institution: _____
GRADUATE NON-GRADUATE	LAST YEAR ATTENDED (OR APPROXIMATE)*	LAST GRADE ATTENDED (OR APPROXIMATE)*

LAST NAME WHILE IN SCHOOL*	FIRST NAME*	MIDDLE NAME*
MARRIED/OTHER NAMES*	SOCIAL SECURITY NUMBER (OPTIONAL)	BIRTHDATE*
PHONE NUMBER WERE YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS*	I WILL PICK UP RECORDS FAX TO:	MAIL TO:

SPECIAL INSTRUCTIONS:

I, HEREBY, AUTHORIZE CALHOUN COUNTY SCHOOL BOARD TO RELEASE MY RECORDS AS INSTRUCTED. Signature*: _____ Date*: _____

FOR OFFICE USE ONLY:

 DATE PICKED UP: _____ DATE MAILED: _____ DATE SENT: _____