

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 <input type="checkbox"/> Blountstown Elementary School <input type="checkbox"/> Blountstown High School <input type="checkbox"/> Blountstown Middle <input type="checkbox"/> Calhoun County Adult School <input type="checkbox"/> Carr Elementary & Middle School <input type="checkbox"/> Other: _____	RECORDS REQUEST*: Proof of Graduation <input type="checkbox"/> Birth Date Verification <input type="checkbox"/> Immunizations <input type="checkbox"/> ESE Records <input type="checkbox"/> Psychological <input type="checkbox"/> Test Scores <input type="checkbox"/> Transcript <input type="checkbox"/> 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 <input type="checkbox"/> NON-GRADUATE <input type="checkbox"/>	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*	<input type="checkbox"/> I WILL PICK UP RECORDS <input type="checkbox"/> FAX TO:	<input type="checkbox"/> 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: _____