

REQUEST FOR OFFICIAL SEALED TRANSCRIPT
RICKARDS HIGH SCHOOL

STUDENT NAME: (PLEASE PRINT) _____ **STUDENT ID#:** _____

ALLOW TWO BUSINESS DAYS FOR PROCESSING

STATUS: ☐ Past Graduate (Indicate year) _____ ☐ Current Senior ☐ Other (specify) _____

ELECTRONIC TRANSCRIPTS will only be sent to the universities and college provided in the chart below. Indicate your choice of school(s) by circling the name. **NOTE: COLLEGE APPLICATION MUST BE COMPLETED PRIOR TO MAKING A REQUEST FOR AN OFFICIAL TRANSCRIPT.**

FSU	MIAMI	FAMU	UF
UCF	UNF	USF	UWF
Barry University	FL International	Jacksonville U	Santa Fe Com College
Broward College	FL Key Com College	Lake Sumter CC	Seminole CC
Central Florida CC	FL Memorial U	Miami-Dade C	State C of FL- Manatee
Chipola College	FL Polytechnic U	New College of FL	St. Johns River State
Daytona State C	FL SW State	North FL Com College	St. Petersburg C
Eastern FL State C	FL Gateway C	Northwest FL State C	St. Thomas University
FL Atlantic University	Gulf Coast State C	Palm Beach Com C	Stetson University
FL State C of Jax	Hillsborough CC	Pensacola State C	Valencia College
FL Gulf Coast U	Indian River Com C	Polk State College	

TRANSCRIPT REQUESTS FOR UNIVERSITIES AND/OR COLLEGES NOT LISTED IN THE ABOVE CHART:

Clearly list the name of the university and/or college in the space provided below. Transcripts will be prepared within two business and available for you to pick up. You will be responsible for mailing out these transcripts.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT SIGNATURE

DATE

ACADEMIC HISTORY AND/OR UNOFFICIAL TRANSCRIPTS MAY BE OBTAINED FROM GUIDANCE

(DO NOT WRITE BELOW THIS LINE)

FOR OFFICE USE ONLY

DATE COMPLETED: _____

BY: _____