



**219 NORTH 13TH STREET
LEESBURG, FL 34748
P 352.787.7762
F 352.323.1773**

OFFICIAL TRANSCRIPT REQUEST FORM

Date _____

First Academy issues three complimentary transcripts per student. Students' accounts are billed \$3 for each additional request. In order to ensure successful delivery, it is **highly recommended** to send transcripts via certified mail with return receipt requested. This tracking system ensures that admissions personnel receive the transcript in a timely manner. Accounts are billed \$10 for certified delivery for each transcript. **Transcripts will not be released if there is a balance on the account.**

Requests are processed in the order that they are received. **Please allow a minimum of 5 to 7 business days to process your request; extra time may be necessary during peak periods (e.g. end of semester, registration).**

Please type or print legibly.

PERSONAL INFORMATION:

Date of Birth _____ Dates of Attendance _____ Year of Graduation _____

Student Name _____

Current Address _____

Home Phone No. _____

Number of Copies _____

Student's Signature _____

Parent/Guardian's Signature _____

MUST be signed. **NO** signatures=**NO** transcript

Send Transcript(s) to:

First Address:

Certified? _____ Yes _____ No

Second Address:

Certified? Yes No

Third Address:

Certified? Yes No

Fourth Address:

Certified? Yes No

Fifth Address:

Certified? Yes No

FOR OFFICE USE ONLY
REC'D DATE _____
GUIDANCE INITIAL _____
BOOKKEEPING INITIAL _____
BOOKKEEPING Y/N _____
DATE SENT _____