

TITUSVILLE HIGH SCHOOL

TRANSCRIPT REQUEST

PLEASE PRINT

Last Name, First Name

Student ID #

I understand that **EACH** transcript **will cost \$2.00 (BOTH** official and unofficial) and that the transcript processing time is 2 - 4 working days. **ALL** money is due at the time this form is submitted. Transcripts must be picked up within 30 days of request or they will be destroyed, and a new request will need to be submitted.

Transcripts sent through FASTER/SPEEDE/EXPRESS:

The State of Florida has removed all college entrance exam scores (SAT and ACT) from transcripts sent through the FASTER system to post-secondary institutions.

Please **Electronically submit transcripts to the following schools** (only available to **Florida Public Post-Secondary Schools**):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

NOTE: Many colleges/universities require official test scores to be submitted directly from SAT/ACT. **It is the student's responsibility** to request test scores be sent to those schools either at the time of registration or for a fee at a later date. If test scores have never been sent, the student can specify what test dates SAT/ACT send to the colleges/universities.

Transcripts "Hand-Carried" or Mailed to colleges or universities:

I hereby authorize Titusville High School to release my transcript to the person(s) or institution(s) indicated on this form with the following option:

YES, I give permission to Titusville High School to release my SAT (SAT, SA1, SA2, SA3 and PSAT) and ACT (ACT and PLAN) test results to the requested post-secondary institution or organization.

NO, I do not give permission to Titusville High School to release my SAT (SAT, SA1, SA2, SA3 and/or PSAT) test results from the following test date(s): _____ to the requested post-secondary institution or organization.

NO, I do not give permission to Titusville High School to release my ACT (ACT and/or PLAN) test results from the following test date(s): _____ to the requested post-secondary institution or organization.

Student Signature

Parent Signature (if student is under 18)

- | | |
|---|---|
| 1. Please print _____ official transcripts: | 2. Please print _____ unofficial transcripts. |
|---|---|

Transcripts must be picked up within 30 days of request or they will be destroyed, and a new request will need to be submitted.

ONLY List names of college/university/scholarship Transcripts is TO BE MAILED to.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

For Office Use ONLY

Received _____ Paid \$ _____ Printed _____ Electronic _____ Initial _____