

## Beachside High School Transcript Request Form

## Please email Mrs. Lechtrecker all request forms: Marijean.Lechtrecker@stjohns.k12.fl.us

| Student Name:  | Student #  |  |  |
|--|--|--|--|
| Date of Request:   |  |  |  |
|  | ic record laws. Please allow up to 72 hours for processing.  quest transcripts for College/University applications * |  |  |
| Request for:   |  |  |  |
| Hard Copy of Transcript for personal us  | se. Circle one: Official (sealed) OR Unofficial  |  |  |
| Number of copies needed  |  |  |  |
| HARD COPIES ARE \$2 EACH, PLEASE PAY ON  | N SCHOOLPAY PRIOR TO SUBMITTING THIS FORM.   |  |  |
| Students please note: You are responsible for administration building. Official transcripts a                  | or picking up hard copy of transcript(s) from the are deemed unofficial if opened.                                   |  |  |
| Transcripts to be sent to the following  | ng Colleges/Universities   |  |  |
| <ul> <li>Transcripts to Florida PUBLIC college/universenior, please request through Naviance.</li> </ul>       | ersities will be sent electronically at no cost. If you are a  |  |  |
| <ul> <li>Transcripts to Florida PRIVATE or out of s<br/>Please pay on Schoolpay prior to submitting</li> </ul> | state colleges/universities will be mailed and cost \$2/ea.  g this form.  |  |  |
| College Name and Address MUST BE PROVID  | DED:   |  |  |
| 1.   |  |  |  |
| 2  |  |  |  |
| 3  |  |  |  |
| Student Signature  |  |  |  |