

Request for Transcripts

Complete legal name	(while attending school):		
Name currently using	; (if different from above):		
Last public school and	d grade attended in Citru	us County:		
Graduation or withdra	awal date:			
	Social			
Phone number: () or Email address: (Where you can be contacted)				
Records requested: (Please indicate quantity needed in space provided) High school transcripts, official High school transcripts, unofficial (Note) High school transcripts, unofficial				
Send requested records to: (Name and address of where records are to be sent) (If to be faxed, please include phone number and name of contact in case of fax errors.)				
Your Signature (required): Date:				
Enclose a \$5.00 (per of You may mail or bring)	copy) cash or money ord g your request to:	der made payable to the	respective school:	
Citrus High 600 W. Highland Blvd. Inverness, FL 34452 Guidance Dept. 352-726-2241	Crystal River High 1205 NE 8 th Ave. Crystal River, FL 34428 Guidance Dept. 352-735-4641	Lecanto High 3810 W. Educational Path Lecanto, FL 34461 Guidance Dept. 352-746-2334	Withlacoochee Technical 1201 W. Main Street Inverness, FL 34450 Guidance Dept. 352-726-2430	CREST 2600 S. Panther Pride Dr. Lecanto, FL 34461 Guidance Department (352) 527-0303
Office Use Only: Date Rec'd:	Amt Paid:	Receipt #	Date Mailed:	
Payment Type: Money Order Cash Cash				