

**FLEMING ISLAND HIGH SCHOOL  
TRANSCRIPT REQUEST FORM  
(904) 336-7661/FAX: (904) 336-7476  
Print and mail this form (\$3.00 Per Hard Copy)**

**Student/Former Student Name while enrolled:**

**Date of Request:**

**Grad Year:**

**Date of Birth:**

**Last 4 of Social Security Number:**

**Phone Number:**

**Email:**

**Address:**

**City, State, Zip:**

**TRANSCRIPT TO BE SENT TO: (NAME OF COLLEGE/UNIVERSITY or SELF):**

**ADDRESS WHERE TRANSCRIPT IS TO BE SENT (IF YOU WILL PICK-UP, PLEASE NOTE HERE):**

Print and complete this form, include check or money order in the amount of \$3.00 PER TRANSCRIPT payable to "Fleming Island High School" and mail to:

Fleming Island High School  
Attn: Transcript Request  
2233 Village Square Parkway  
Fleming Island, FL 32003

**(Some Florida Colleges/Junior Colleges are receiving transcripts electronically and there will be no charge to send transcripts to these colleges. Call (904) 336-7661 to see if your transcript can be sent electronically)**

**Please Note:** Due to the Privacy Act, if you wish for a third party (e.g. a family member/friend) to collect the transcript on your behalf, you must provide them with an **authority letter**. This must be produced at the time of collection by the nominated person (agent). The authority letter should contain your name, student ID or date of birth, the name of your agent, and a sentence outlining what they are permitted to do.

**Student/Former Student Signature:**