

# Wesley Chapel High School Transcript Request

Office of the Registrar

T: 813.794.8700

Please Print Legibly. **\$5.00** for Graduated Seniors. No charge for Florida State Universities using **FASTER** electronic transfer.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

TEL#: \_\_\_\_\_ Student Number: \_\_\_\_\_

I hereby authorize Wesley Chapel High School to release my academic transcripts to the name and address listed below.

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if student is under 18)

\_\_\_\_\_ I want the transcript held for me to pick up:  Official  Unofficial

Number of Copies Requested: \_\_\_\_\_ x \$ 5.00 \_\_\_\_\_

**OR**

**Send Transcripts to (Please Print):**

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(Additional Schools May Be Listed on the Back of This Form)

Office Use Only: Date Mailed: \_\_\_\_\_ or Sent FASTER: \_\_\_\_\_ Amount Paid: \_\_\_\_\_