

Transcript Request Form

In order to obtain a copy of your official transcript, please complete this form. Please note that in order to receive your official transcript, your account must be clear of any obligations within the high school and Polk State College. Requests can take up to two weeks to process.

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Cell Phone: _____ Email Address: _____

Transcripts Information

PCSB ID#: 5300 _____ Name (at graduation if different): _____

Graduation Year: _____ Date of Birth: _____

Number of Copies Requested: _____

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Note: You are responsible for providing the correct address

Transcript Recipient Information:

School: _____

Attention To: _____

Address: _____

Student Signature: _____

Parent Signature: _____

OFFICE USE ONLY

Taken By: _____ Date: _____