VENICE HIGH SCHOOL

Transcript Request Form

Web Site: http://www.sarasota.k12.fl.us/vhs/

1 Indian Avenue, Venice FL 34285 Tel. (941) 488-6726 Fax. (941) 486-2034

AUTHORIZATION FOR RELEASE OF TRANSCRIPT OF RECORDS

Student Name (Print) _____ Phone #_____
(Last Name) (First)

Address_____ SS#_____

City_____ State: FL Zip Code_____

Current Grade or Year Graduated from Venice High School_____

I authorized the release of my Transcript of Records for college admission and scholarship purposes.

Student Signature_____

Parent Signature_____
(Required if student is under 18 years of age)

Date Mailed	College Name/Scholarship	Amt Paid	Comments

Note: The first three copies are free. $1.00 is charged for each additional transcript PLUS two postage stamps for mailing each application or transcript.