

The School Board of Sarasota County, Florida

RIVERVIEW HIGH SCHOOL

COLLEGE/SCHOLARSHIP TRANSCRIPTS

(Do not use for withdrawing)

Mailed/Transmitted/P/U

By _____

Paid _____

Please send _____ copy(ies) of my Official Transcript to the following schools:

Full ADDRESS is needed for PRIVATE or OUT OF STATE schools

1. _____

2. _____

3. _____

4. _____

(Use other side if more space is needed)

Incomplete requests will be delayed

Year graduated or last attended

First Transcript (hard copy) is FREE
Each additional hard copy is \$2.00

**Electronic transcripts are free to
Florida state's universities.**

This record is needed for my:

Transfer to another school

Scholarship Applications

Other (specify) _____

College Admission

Employment

Student signature (if over 18)

Date

Parent or Legal Guardian signature if student is underage 18

Student ID (N#)

Date of Birth

STUDENT NAME (PRINT) _____

(Last)

(First)

(M.I.)

(Maiden)

Address _____

(Street No. & Street Name., or P.O. Box #, City, State & Zip)

Cell Phone # _____

Soc. Sec. # (last 4 digits only) _____