THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA



501 Simpson Road • Kissimmee, FL 34744 407-344-5080 • FAX 407-344-5089

TRANSCRIPT REQUEST FORM

Please PRINT all information legibly with exact date(s) of attendance. ** If your last date of attendance is 5 years prior to the current year, you will need to contact the Records Retention Department at 407-870-4605 or by email: records@osceolaschools.net

Last Name	First	MI	Maiden Name	
Social Security – Last Four Numbers Only	Birthdate	Area Code/Home	Phone Area Code/Cell Phone	
Street Address		City	State Zip Code	
	ENROL	LMENT INFORMATION		
Program/Course of Study Last Date of Atte	endance C	ompleted Program (Yes or No)	Class Number (FOR PN, LEO, C/O L	EO)
	<u>TF</u>	RANSCRIPT ONLY:		
☐ Official Transcript Fee per each \$5.00 Number of copies:	Transcript h copy \$1.00	☐ Student Pick-up	☐ Mail to address above	
If requesting transcript to be mailed to	a school/agen	cy, please check box and co	mplete below:	
☐ Mail Transcript to:	0	1		
	Complete N	Name of School/Agency		
	Attention to:	:/Department		
	Street Addre	ess	-	
	City	State	Zip Code	
	Certificate Cop	0 each		the
person or institution named above, wit party without my written consent. Offic Office is/are clear.	th the underst	anding that the named recip	ient will not release the record to a th	hird
Student Signature		Date		
	PAYN	MENT INFORMATION		
Acceptable forms of payment at campus By mail send completed form with a \$5 ft Money orders should be made payable to 0	ee for each tra	inscript requested to:	ks(with telephone# and Driver's Licent Osceola Technical College Guidance Dept. 501 Simpson Road	<u>se#)</u>
Allow 3-5 business days for transcript re	equests to be p	orocessed.	Kissimmee, FL 34744	
SCHOOL USE ONLY Date Request Received:, Pl ID Verified by Driver License □	icked up	, Mailed ther:	<u> </u>	