

**Fort Walton Beach High School**

**Transcript Request**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Send transcript to the following school(s):**  
**(If out of state, please provide complete address)**

**All transcripts are \$1.00. Allow 24 hours to process your request. Requests should be turned in to the Records Office in Guidance.**

**1.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check appropriate box:**

\_\_\_\_\_ **Mail Out**

\_\_\_\_\_ **Student pick up**