PEMBROKE PINES CHARTER SCHOOL
TRANSCRIPT REQUEST FORM

CURRENT STUDENTS

_____ _____ _____
STUDENT # LAST NAME FIRST NAME TODAY'S DATE

_____ CLASS OF 20____ **CHARGE: $2.00 FOR EACH ELECTRONIC TRANSCRIPT**
DATE OF BIRTH **$5.00 FOR EACH PAPER TRANSCRIPT**
(CASH OR MONEY ORDER ONLY)

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OFFICIAL TRANSCRIPTS

(Transcripts to the schools listed below are transmitted electronically - $2.00 EACH)

_____**COMMON APPLICATION**
_____**COALITION**
_____1500–0000 BC - Broward College
_____9635-0000 FIU – Florida International University
_____1489-0001 FSU – Florida State University
_____1493-0001 Indian River Com College Main
_____1493-0004 Indian River Com College St. Lucie West
_____1506-0001 Miami-Dade College North
_____1506-0002 Miami-Dade College Kendall
_____1506-0003 Miami-Dade College Wolfson
_____1506-0004 Miami-Dade College Medical
_____1506-0011 Miami-Dade College Hialeah
_____1507-0000 New College of Florida
_____1510-0000 Northwest Florida State College
_____1519–0000 Santa Fe Community College
_____1533-0001 Tallahassee Community College
_____1535-0101 UF – University of Florida
_____ 3955-0000 UWF – University of West Florida
_____00100020000730000000146600 Barry University
_____00100020000730000000148000 FAMU – Florida A&M University
_____00100020000730000000148100 FAU – Florida Atlantic University
_____00100020000730000003255300 FGCU-Florida Gulf Coast Univ
_____00100020000730000000563000 Stetson University
_____00100020000730000000395400 UCF - University of Central Florida
_____00100020000730000000153600 UM – University of Miami
_____00100020000730000000984100 UNF- University of North Florida
_____00100020000730000000153700 USF - University of South Florida
_____ 00100020000730000000675000 Valencia Community College

OTHER COLLEGES, UNIVERSITIES & SCHOLARSHIPS

($5.00 EACH – MUST HAVE COMPLETE MAILING ADDRESS - USE OTHER SIDE OF PAPER, IF NECESSARY)

1._____
Name of School **Address** **City** **State** **Zip**

2._____
Name of School **Address** **City** **State** **Zip**

3._____
Name of School **Address** **City** **State** **Zip**

4._____
Name of School **Address** **City** **State** **Zip**

IF YOU ARE PICKING UP TRANSCRIPT(S), PLEASE COMPLETE THIS SECTION.
Indicate the number of transcripts you would like to pick up and allow 3 days for your request to be processed.
******(**Student picking up – PPCHS is not mailing or sending electronically)** ******

Student Copy of Transcript **(UNOFFICIAL):** _____ **($5.00 EACH)**

OFFICIAL Transcript (Sealed in an envelope**):** _____ **($5.00 EACH)**

. . . . . .

Amount Paid $_____ **Student Signature**_____