

PEMBROKE PINES CHARTER HIGH SCHOOL TRANSCRIPT REQUEST FORM

EFFECTIVE JANUARY 1, 2013

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

CLASS OF 20____ CHARGE: \$2.00 PER ELECTRONIC TRANSCRIPT
DATE OF BIRTH _____ \$5.00 PER 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)

- | | |
|---|---|
| _____ 0032553-0000 FGCU – Florida Gulf Coast Univ
_____ 1489-0001 FSU – Florida State University
_____ 1493-0001 Indian River Com College Main
_____ 1493-0004 Indian River Com College St. Lucie West
_____ 1500-0000 Broward College
_____ 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
_____ 1519-0000 Santa Fe Community College
_____ 1533-0001 Tallahassee Community College
_____ 1535-0101 UF – University of Florida | _____ 3955-0000 UWF – University of West Florida
_____ 9635-0000 FIU – Florida International Univ
_____ 00100020000730000000984100 University of North Florida
_____ 00100020000730000000146600 Barry University
_____ 00100020000730000000148000 FAMU – Florida A&M University
_____ 00100020000730000000148100 FAU – Florida Atlantic University
_____ 00100020000730000000153600 UM – University of Miami
_____ 00100020000730000000153700 USF - University of South Florida
_____ 00100020000730000000395400 UCF - University of Central Florida
_____ 00100020000730000000563000 Stetson University
_____ 00100020000730000000675000 Valencia Community College
_____ 001000200007300000003957400 NWF–New College of Florida
_____ COMMON APPLICATION |
|---|---|

OTHER COLLEGES, UNIVERSITIES & SCHOLARSHIPS

(\$5.00 EACH - 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.

Be sure to indicate the number of transcripts you would like to pick up and allow 3 days for your request to be processed.

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

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

*****(Student picking up – PPCHS is not mailing or sending electronically)*****

Amount Paid \$ _____

Student Signature _____