

PEMBROKE PINES CHARTER HIGH SCHOOL
FORMER STUDENT TRANSCRIPT REQUEST

PRINT CLEARLY OR REQUEST WILL NOT BE PROCESSED

REQUEST MUST INCLUDE:

1. \$5.00 per transcript (cash or money order only)
2. Copy of picture ID
3. Check **one** of the following:
 - a. _____ I, or _____ (authorized by me) will pick up the transcript(s).
Person picking up transcript must provide government issued id
 - b. _____ Mail the transcript(s) to address(es) listed below
4. Mail this request with required fee to: Pembroke Pines Charter High School

ATTN: Registrar
17189 Sheridan Street
Pembroke Pines, FL 33331

GRADUATE: CLASS OF _____ **or** **NON-GRADUATE:** LAST YEAR ATTENDED: _____

LAST NAME (while attending PPCHS): _____
FIRST NAME: _____ MIDDLE INITIAL: _____ DATE OF BIRTH: _____
PHONE: _____ EMAIL ADDRESS: _____

MAIL MY TRANSCRIPT(S) TO:
(MUST HAVE COMPLETE MAILING ADDRESS FOR EACH TRANSCRIPT REQUESTED)

1. _____

2. _____

3. _____

I HEREBY AUTHORIZE MY ACADEMIC RECORDS TO BE RELEASED AS INSTRUCTED ABOVE:

Signature Required

Date

OFFICE USE ONLY: Requested Received: ___/___/___

Request Mailed: ___/___/___

Request not processed: ___no copy of ID was provided
___payment not included

___unable to read form
___form incomplete