

*Florida Agricultural and Mechanical University*  
*DEVELOPMENTAL RESEARCH SCHOOL*  
*400 W. ORANGE AVENUE*  
*Tallahassee, Florida 32307-3100*

TELEPHONE: (850) 412-5930

FAX: (850) 412-5895

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**TRANSCRIPT REQUEST FORM**

*(Please use one form for each school)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name at Time of Graduation (if different) \_\_\_\_\_

**Authorization to release school records and all test scores to the School/Agency listed below:**

**Signature of Parent (if student is under 18)** \_\_\_\_\_

**Signature of Student (if age 18 or over)** \_\_\_\_\_

**TRANSCRIPT INFORMATION:** *There is a \$5.00 fee for each transcript sent. Please allow 3-5 business days for processing.*

Transcript(s) will be picked up

Mail transcript(s)

**Number of Transcripts** \_\_\_\_\_

Please Print the Full Name & Complete Address of School/Agency You Want Transcript Sent To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline for School/Agency to Receive Transcript \_\_\_\_\_

\* \* \* \* \*

**OFFICE USE:**

Rec'd \$5.00 Fee \_\_\_\_\_  
Date

Cash \_\_\_\_\_

M.O. \_\_\_\_\_

Transcript Mailed \_\_\_\_\_  
Date

\_\_\_\_\_  
Initial of Sender