

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

TELEPHONE: (850) 412-5930

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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 _____ Cash _____ M.O. _____
Date

Transcript Mailed _____
Date Initial of Sender