



EDGEWATER HIGH SCHOOL

3100 Edgewater Drive
Orlando, Florida 32804-3298
Phone: 407-835-4900
Fax: 407-835-4911

Dr. Mark Shanoff, Principal

TRANSCRIPT REQUEST

FIRST & LAST NAME (While attending School): _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL ATTENDED: _____ STUDENT # _____

YEAR OF GRADUATION/LAST ATTENDED: _____

_____ Number of Unofficial Copies (for reviewing purposes only)

_____ Number of Official Copies (Certified transcript will be placed in a sealed envelope)

Form of Delivery:

_____ Self (Pick-up) _____ US MAIL (Enter School/Business Address Below)

_____ FAX (Enter Fax # Below)

List School/College/Business Name and Full Address/Campus Address:

You may list additional colleges and addresses on back, if needed

I authorize the Orange County, Florida, Public Schools to release the information specified above to the organization or individual named.

Date

Signature of Parent or Eligible Student