



TRANSCRIPT REQUEST FORM

FAX: 561-433-7958

MAIL: PALM BEACH CENTRAL HIGH SCHOOL
8499 WEST FOREST HILL BLVD
WELLINGTON, FLORIDA 33411

DATE _____

SOCIAL SECURITY NUMBER _____

STUDENT NAME _____
FIRST-----MIDDLE -----LAST

DID YOU USE MIDDLE NAME OR INITIAL ON YOUR COLLEGE APPLICATION? YES ____ NO ____

RACE: ____ WHITE ____ HISPANIC ____ BLACK ____ ASIAN ____ INDIAN

STUDENT NUMBER _____ **BIRTHDATE** _____

Student Signature _____

I hereby authorize Palm Beach Central High School to send my transcript to the named locations

TRANSCRIPT FEES

____ ELECTRONIC- CIRCLE (FAU, FIU, FL GULF, FSU, PBSC, UCF, UF, UNF, USF, UWF) \$1.00
____ ALL OTHER SCHOOLS NEED A HARD COPY \$3.00

NO PERSONAL CHECKS ... PLEASE PAY WITH CASH, BANK CHECK OR MONEY ORDER
PLEASE ALLOW 48 HOURS FOR A TRANSCRIPT REQUEST TO BE HONORED

HARD COPIES ...COLLEGE/UNIVERSITY NAME AND COMPLETE ADDRESS

SCHOOL NAME _____

STREET

CITY

STATE

ZIP