

Transcript Request Form

Student Name: _____

If married, Maiden Name: _____

Current Mailing Address: _____

Current Phone Number: () _____

Please mail my FLA transcript to:
 Enrollment Services

School Name: _____

Address: _____

S.S.#: _____ <<< Optional

Date of Birth: _____ <<< Optional

Year of Graduation: _____

Withdrew Before Graduation: _____ / _____
 Month Year

 Student's Signature (if 18 or older)

OR

 Parent's Signature

FOR OFFICE USE:

INFORMATION	PERSON	DATE
Financial OK:		
\$5 Received:		
Mailed:		
Faxed:		
Picked up:		

INSTRUCTIONS:
 Please complete the highlighted portions of this transcript request form. There is no transcript fee for any current senior or for any underclassman transferring from FLA to attend a different high school or academy. FLA graduates are allowed one free transcript request following graduation. There is a \$5 fee for subsequent transcript requests from FLA graduates. Requests that are mailed to FLA must include payment by cash, money order, or check. Requests that are emailed or faxed to the school should be paid by a debit or credit card (see required information below).

TYPE OF CREDIT CARD: _____

PERSON'S NAME ON CREDIT CARD: _____

CREDIT CARD # _____

MONTH & YEAR OF EXPIRATION: _____ **3-4 DIGIT SECURITY CODE:** _____

AMOUNT TO BE CHARGED TO THE CREDIT/DEBIT CARD: _____ (\$5 / request)

EMAIL ADDRESS: OsorioC@forestlake.org

FAX NUMBER: (407) 862-7050 (Attn: Claudia Osorio)

MAILING ADDRESS:

Forest Lake Academy Director of Student Records
 500 Education Loop
 Apopka, FL 32703-6149

FLA TRANSCRIPT REQUESTS WILL BE PROCESSED AND MAILED WITHIN TWO BUSINESS DAYS FROM THE DATE THEY ARE RECEIVED.