



Florida School for the Deaf & the Blind

Do More. Be More. Achieve More.

ACADEMIC TRANSCRIPT REQUEST FORM

THIS IS A REQUEST TO SHARE ACADEMIC TRANSCRIPT RECORDS AS INDICATED BELOW.

REQUESTOR'S INFORMATION:

NAME WHILE ATTENDING FSDB		CURRENT NAME (IF DIFFERENT)
HOME PHONE NUMBER (WITH AREA CODE)		WORK PHONE NUMBER (WITH AREA CODE)
HOME STREET ADDRESS		
CITY	STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)	LAST YEAR ATTENDED FSDB	LAST GRADE AT FSDB
DEPARTMENT LAST ATTENDED <input type="checkbox"/> DEAF <input type="checkbox"/> BLIND <input type="checkbox"/> CET <input type="checkbox"/> CONTINUING EDUCATION	YEAR GRADUATED (IF APPLICABLE)	YEAR WITHDREW (IF APPLICABLE)
SIGNATURE OF FORMER FSDB STUDENT / FSDB GRADUATE AGE 18 OR OLDER		

SEND ACADEMIC TRANSCRIPT TO:

<input type="checkbox"/> ME, AT THE ABOVE HOME ADDRESS <input type="checkbox"/> OTHER (PLEASE FILL OUT THE SECTION BELOW)		
NAME OF AGENCY / ORGANIZATION / BUSINESS (IF APPLICABLE)		
CONTACT PERSON NAME		
PHONE NUMBER (WITH AREA CODE)	PHONE NUMBER (WITH AREA CODE)	
STREET ADDRESS 1		
STREET ADDRESS 2		
CITY	STATE	ZIP CODE

EMAIL, MAIL OR FAX THIS FORM TO:

SUZI GAUTHIER TRANSCRIPT REQUESTS / INSTRUCTIONAL SERVICES FLORIDA SCHOOL FOR THE DEAF AND THE BLIND 207 NORTH SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	EMAIL: GAUTHIERR@FSDB.K12.FL.US FAX: 904.827.2518 IF YOU HAVE QUESTIONS, CALL: PHONE: 904.827.2504
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