
Last Name (Maiden Name for Females)

First Name

Middle Name/Initial

NAME USED WHILE AT CHOCTAWHATCHEE H.S.

Transcript Request – Graduates/Attendees from 2000 and After

(Dec 2011)

Mail to: Choctawhatchee High School; Attn: Guidance; 110 Racetrack Road, NW, Fort Walton Beach FL 32547 – or –
Fax to: 850.833-3694

Date of Birth _____ Social Security No. _____ IB

Did You/Will You Graduate from Choctawhatchee? Yes ___ Year _____ No ___ Last Year Attended _____

PLEASE SEND TRANSCRIPTS TO THE FOLLOWING ADDRESS(ES): (You may include more than one addressee per form)

College/Agency/Employer/Individual: _____

Address: _____

Please Check Below:

_____ Official Copy (Sealed) _____ Mail _____ Paid Check (\$1 per copy)
(or) (or) (Made out to CHS) (or)
_____ Unofficial Copy (Open) _____ Pick Up _____ Paid Cash (\$1 per copy)

Graduates prior to 2000, mail or fax to:
Management Information Services
Carver-Hill Administration Complex
461 West School Avenue
Crestview Fl 32536
PHONE: 850.689.7149
FAX: 850.689.7444

Transcripts ordered for pick up will be held for 1 Week and then destroyed if no further instructions are received:

(Signature Required In Order to Process)

(Date)

(Telephone No.)