Last Name First Name MI
NAME USED IN SCHOOL

TRANSCRIPT REQUEST - Graduates 2000 and after _____IB

Mail to: Choctawhatchee High School Attn: Guidance Fax: 850-833-3694
110 Racetrack Road, NW, Fort Walton Beach FL 32547

Last Name Maiden Name (Married Females ONLY) First Name MI

Date of Birth_____ Social Security #_____
Did you Graduate? YES_____Year Graduated_____ NO_____Last Year Attended_____

PLEASE SEND TO THE FOLLOWING ADDRESS(ES):

College/Agency/Individual:_____
Address:_____
_____

Graduates prior to 2000, mail or fax to:
Management Information Services
Carver-Hill Administration Complex
461 West School Avenue
Crestview, FL 32536
FAX (850) 689-7444
PHONE (850) 689-7149

Please check below:

_____ **Official Copy**	_____ **Mail**	_____**Paid Check-$1.00 per copy**
(or)	**(or)**	**(made out to CHS)**
_____**Unofficial Copy**	_____**Pick Up**	_____**Paid Cash-$1.00 per copy**

Transcripts ordered for pick up will be held for 1 week then destroyed.

_____ _____ _____
(Signature Required) (Date) (Telephone No.)

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