

## TRANSCRIPT REQUEST

**Mail to: Choctawhatchee H.S. (Attn: Guidance) Fax: 850-833-3694  
110 Racetrack Road, NW, Fort Walton Beach FL 32547**

**NAME** \_\_\_\_\_

**MAIDEN** \_\_\_\_\_

(if applicable)

**DATE OF BIRTH** \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_

**DATE OF GRADUATION/ATTENDANCE** \_\_\_\_\_

**PLEASE SEND MY TRANSCRIPT TO THE FOLLOWING COLLEGE(S)  
AND/OR ADDRESS(ES):**

**College/Agency/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

---

**Please check below:**

\_\_\_\_\_ **Official Copy**  
(or)

\_\_\_\_\_ **Mail**  
(or)

\_\_\_\_\_ **Cost: \$1.00 per**  
**Paid Cash**

\_\_\_\_\_ **Unofficial Copy**

\_\_\_\_\_ **Pick Up**

\_\_\_\_\_ **Paid Check**

\_\_\_\_\_ **(\*\*\* Signature Required)**

\_\_\_\_\_ **(Date)**

\_\_\_\_\_ **(Telephone No.)**