

Santa Fe High School
Guidance Counseling Department
TRANSCRIPT REQUEST

Print Student Name: _____ Date requested: _____

A. **(No charge)** Please **electronically** send **or email** my transcript to:

*NOT ALL FLORIDA COLLEGES ACCEPT **electronic** TRANSCRIPTS....

College Name: _____

Email address: _____

College Name: _____

Email address: _____

College Name: _____

Email address: _____

College Name: _____

Email address: _____

College Name: _____

Email address: _____

B. **(\$2.00 prepaid ea.)** (*current students*) & **(\$5.00 prepaid ea.)** (*graduates*) for **printed** official transcript

****Please mail my transcript to:***

College Name: _____

Address: _____

College Name: _____

Address: _____

College Name: _____

Address: _____

College Name: _____

Address: _____

College Name: _____

Address: _____

D. **(No Charge)** Unofficial transcript will be **emailed** to you.

Your email address: _____