

TRANSCRIPT REQUEST FORM

This is an official request for a copy of a transcript. The information contained in this request should be considered private. Please complete all the information in full. The information required on this page is necessary to verify and protect your school record from being accessed by unauthorized individuals.

*** = Required Information**

STUDENT INFORMATION

Has the student's name changed? * ☐ Yes ☐ No

Note: Please be sure to enter the student's name as it was listed on the school records.

Student name while attending school: * *(Complete all that applies)*

First Name

Middle Name

Last Name

Suffix

Maiden Name

Student date of birth (DOB): * _____ *(MM/DD/YYYY)*

Eckerd Connects | Academy campus of attended: *

REQUESTER CONTACT INFORMATION

Requester / Current Name: * *(Complete all that applies)*

First Name

Middle Name

Last Name

Suffix

Maiden Name

E-mail: * _____

Primary Phone: * _____

Secondary Phone: _____

Physical address (Residence): *

Address: _____

City: _____

State: _____

Zip Code: _____

Mailing address if different from residence:

Address: _____

City: _____

State: _____

Zip Code: _____

SPECIAL INSTRUCTIONS**I WOULD LIKE THIS RECORD'S REQUEST MAILED OR SENT ELECTRONICALLY TO: ***

To send transcripts electronically to a college or to the applicant, you need to use this option. If the college does not accept E-Transcripts, we will revert to mailing your records. Once the college receives the E-Transcript, it could take up to three business days before it's available to the college's registrar's office.

Reason(s) for request of transcript/student record: *

- ☐ Employment ☐ College ☐ Identification ☐ Military ☐ Disability
☐ Other: _____ (Specify other reason)

Records needed: *

- ☐ Official High School Transcript (Mailed Copy)
☐ Official High School Transcript (Electronic Copy)

AUTHORIZATION NOTIFICATION

My signature below constitutes an electronic signature and authorizes Eckerd Connects to release information and / or my student record and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I understand that the recipient of the record(s) will use the indicated documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except authority of Public Law 93-380, Educational Rights and Privacy Act.

I understand that an incomplete form will not be processed and will be considered closed after expiration of the 30-day notification window. I declare under the penalty of perjury that the foregoing is true and correct.

Signature: ***Print: *****Date Signed: *****NOTICE**

Completed all required fields marked by (*), then e-mailed completed form to:

ecatranscriptrequest@eckerd.org