Venice High School
Transcript Request Form

1 Indian Avenue, Venice, FL 34285 941-488-6726 FAX 941-486-2034

AUTHORIZATION FOR RELEASE OF OFFICIAL TRANSCRIPT OF RECORDS

Date of initial request_____

Student Name (Print)_____

Address (Print)_____

City_____ State_____ Zip Code_____

Date of Birth_____ Email Address (Print)_____

Current Grade or Year Graduated from Venice High School_____

School Counselor_____

I authorize the release of my Transcript of Records for college admission and scholarship purposes. Test scores such as ACT and SAT must be requested from the testing company and are NOT part of transcripts.

Student Signature_____

Parent Signature_____

College Name / Scholarship	Did you apply using CommonApp.org or MyCoalition.org? (Yes or No)	**FOR REGISTRAR USE ONLY**	
		Date Processed	Electronic or Official

***** FLORIDA PUBLIC COLLEGE and UNIVERSITY TRANSCRIPTS ARE SENT ELECTRONICALLY. *****
*****PRIVATE AND OUT-OF-STATE COLLEGE & UNIVERSITY TRANSCRIPTS ARE PRINTED. YOU MUST PICK UP AND MAIL.*****

Please allow 48 hours for processing. Pick up your hard copy official transcript from ROTARY FUTURES. Electronic transcripts may take up to 15 days for the receiving school to process.