



Richard O. Jacobson Technical High School at Seminole
TRANSCRIPT REQUEST

PRINT LEGAL NAME

Last Name First Name Middle Name

Street Address City Zip

PCSB 10-digit ID Number: _____ Date of Birth: _____

1st School Name: _____

1st Address & Campus: _____

1st Email address: _____

2nd School Name: _____

2nd Address & Campus: _____

2nd Email Address: _____

Please write additional transcript requests on the back of this document using the questions above.

1. Under class-men transcripts (either sealed or unsealed) used when considering colleges.
2. Final transcripts which are sent to colleges after graduation go to the specific college the student has pending enrollment. For State of Florida colleges, these transcripts are sent electronically after grades are finalized which is usually a week after the last day of school.
 - State schools are sent electronically
 - You may pick up the next business day.
 - If you want your transcript mailed, please provide a postage-paid, addressed envelope.

☐ I request an unofficial transcript for my personal review.

Email address: _____ Cell Phone: _____

I authorize the release of records to the institution(s) listed above.

Signature _____ Date: _____

OFFICE USE ONLY

☐ Transcript electronically sent. Date: _____

☐ Transcript printed for pickup

☐ Transcript mailed to institution(s) Processed by: _____