

Complete and mail to:
HERNANDO COUNTY SCHOOL DISTRICT
Transcript Request

Requests must include:

1. **\$2.00 per transcript**
(Check or Money Order Only)
2. **Copy of Picture ID**
3. **Signature**

8050 Mobley Road
 Brooksville, FL 34601

Phone: 352-797-7223
Ext. #412

Student Information			
Student's name: (Please Print) <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Last</i> <i>First</i> <i>MI</i> </div>	Last Four Digits of SSN: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>	Today's Date: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>	
Student's name: while attending (if different from above): <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Last</i> <i>First</i> <i>MI</i> </div>	Phone Number: () <i>Area Code</i>	Fax Number: () <i>Area Code</i>	
Current address: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>			
Date of Birth: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%; text-align: center;">MM/DD/YYYY</div>		Place of Birth: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>	
Name of Hernando County Public School(s) for which you are requesting record: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>		Last year attended and/or graduation date: <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div>	
If records request is from multiple schools, please provide the following to help expedite records request:			
	Last School attended:	Year(s) attended:	Grade level(s) attended: Graduate / Non-Graduate
1.			

<input type="checkbox"/> Self: (address) _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Mail to: (institution/college/university) _____ _____ _____ _____ _____
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Date

Witness

Verification of Identification

Signature of Parent/Guardian or Individual if Age 18 or Older

Relationship to Student

Verified by:

Film(s) # _____	Certified: _____	UnCertified: _____
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