Northview High School
Request for Official Transcript

Student Name_____Student #_____

Type or clearly print the complete address information for the college or university to which the official transcript is to be sent. A separate form must be completed for each school.

Circle (a), (b) or (c) Total Needed_____

(a) Mail to School (b) Give to Student (c) Scholarship

Name of College/University_____

Attention_____

Address Line 1_____

Address Line 2_____

City_____State_____Zip_____

Signature_____Date_____

Please return to guidance in person, by fax or email.
Allow 2 days for transcript requests to be processed.

OFFICE USE ONLY

Transcript Mailed_____ Transcript Given to Student_____
Date Date

Faxed_____ Sent Faster_____
Date Date

Fax #: 850-327-6106
Emails: Vicki Godwin – vgodwin@ecsdfl.us (August – May) or lchancery@ecsdfl.us (June & July)