

Taylor County School District  
318 N. Clark St.  
Perry, FL 32347  
Fax: 850-838-2501



### Transcript Request

To avoid delays in processing, completely fill in all information that applies:

Current Last Name: \_\_\_\_\_

Last Name at Graduation: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date: of Birth: \_\_\_\_\_

School of Last Attendance: \_\_\_\_\_

Year of Last Attendance: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Did you graduate:  Yes  No

I would like my transcript:  Mailed  Faxed  Held for pickup  E-mailed (not secure)

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax to: \_\_\_\_\_

Email: \_\_\_\_\_ (Note that e-mail is not secure)

Picked up by: \_\_\_\_\_ (Photo ID is required)

\_\_\_\_\_ Signature (required for processing) \_\_\_\_\_ Date

\*Please return the completed form and allow 5 working days for processing.

\* For questions, e-mail [pam.padgett@taylor.k12.fl.us](mailto:pam.padgett@taylor.k12.fl.us) 850-838-2500 Ext 102