



WILLIAM H. TURNER TECHNICAL ARTS HIGH SCHOOL

TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY!

Name (Print) _____ Phone _____
(at time of graduation)

I.D. # _____ Date of Birth _____ Year of Graduation _____

ELECTRONIC TRANSCRIPT REQUEST
~Free of Charge~
Place check next to the school desired.

If you do not see your school, you would need to request a Hard Copy Transcript

<input type="checkbox"/> Barry University, Miami Shores 730000000146600	<input type="checkbox"/> Palm Beach Community College 00C918
<input type="checkbox"/> Broward Community College 00C100	<input type="checkbox"/> Santa Fe Community College, Gainesville 00C924
<input type="checkbox"/> Florida A & M University, Tallahassee University 730000000148000	<input type="checkbox"/> St. Thomas 730000000146800
<input type="checkbox"/> Florida Atlantic University, Boca Raton 730000000148100	<input type="checkbox"/> University of Florida, Gainesville 00U988
<input type="checkbox"/> Florida Gulf Coast University, Tampa 7300000003255300	<input type="checkbox"/> University of Central Florida, Orlando 730000000395400
<input type="checkbox"/> Florida International University, Miami 00U990	<input type="checkbox"/> University of Miami, Coral Gables 730000000153600
<input type="checkbox"/> Florida State University, Tallahassee 00U973	<input type="checkbox"/> University of North Florida, Central 730000000984100
<input type="checkbox"/> Miami Dade College (All campuses) 00C930	<input type="checkbox"/> University of South Florida, Tampa 730000000153700
<input type="checkbox"/> New College of Florida 7300000003957400	<input type="checkbox"/> University of West Florida 00U978
<input type="checkbox"/> Valencia Community College, Orlando 730000000675000	<input type="checkbox"/> Indian River Community College 00C911
<input type="checkbox"/> Tallahassee Community College, Tallahassee 00C927	<input type="checkbox"/> Florida Memorial University, Miami 730000000148600

I hereby grant permission for the release of my transcripts to the above-named college(s).

Signature: _____ Date: _____