



Venice High School Transcript Request Form



1 Indian Avenue, Venice, FL 34285

941-488-6726

FAX 941-486-2034

AUTHORIZATION FOR RELEASE OF OFFICIAL TRANSCRIPT OF RECORDS

Date of initial request _____

Student Name (Print) _____

Address (Print) _____

City _____ State _____ Zip Code _____

Date of Birth _____ Email Address (Print) _____

Current Grade or Year Graduated from Venice High School _____

School Counselor _____

I authorize the release of my Transcript of Records for college admission and scholarship purposes. Test scores such as ACT and SAT must be requested from the testing company and are NOT part of transcripts.

Student Signature _____

Parent Signature _____

College Name / Scholarship	Did you apply using CommonApp.org or MyCoalition.org? (Yes or No)	FOR REGISTRAR USE ONLY	
		Date Processed	Electronic or Official

***** FLORIDA PUBLIC COLLEGE and UNIVERSITY TRANSCRIPTS ARE SENT ELECTRONICALLY. *****

*****PRIVATE AND OUT-OF-STATE COLLEGE & UNIVERSITY TRANSCRIPTS ARE PRINTED. YOU MUST PICK UP AND MAIL.*****

*Please allow 48 hours for processing. Pick up your hard copy official transcript from ROTARY FUTURES.
Electronic transcripts may take up to 15 days for the receiving school to process.*