

TRANSCRIPT REQUEST

**Mail to: Polk County School Board
Attn: Student Records**

P O Box 391

Bartow, FL 33831

DATE OF REQUEST _____

STUDENT NAME (or) NAME AT TIME ATTENDING

First _____ **Middle** _____ **Maiden/Other** _____ **Last** _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

PARENTS' NAMES _____

SOCIAL SECURITY # _____

TYPE OF REQUEST

Transcript	_____	Vocational School Transcript	_____
Proof of Age	_____	Name of Vocational School	_____
Immunization Only	_____	Course Name	_____
SAT/ACT Only	_____	Day or Evening Class	_____
Psy/ESE Records Only	_____	Year Attended	_____

LAST SCHOOL ATTENDED (excluding college) _____

YEAR GRADUATED _____ **(or) YEAR WITHDRAWN** _____

DIPLOMA TYPE:

STANDARD DIPLOMA _____

ADULT SCHOOL _____

GED (for more information call (941) 534-7450) _____

DAY PHONE # _____

MAIL RECORD TO: _____

\$2.00 CHARGE (include cash, check or money order made payable to the Polk County School Board)

SIGNATURE OF REQUESTER (student) _____

FOR OFFICE USE ONLY

Date Retrieval Returned _____

Roll (s) # _____

File # _____

Years checked _____

1. PCSB generated film _____
2. FDB generated film _____
3. Hard copy microfilm in process _____
4. School hard copy _____
5. Census books _____

Faxed date and time _____

Call to FDB customer service _____