EDGEWATER HIGH SCHOOL

3100 Edgewater Drive Dr. Mark Shanoff, Principal

Orlando, Florida 32804-3298

Phone: 407-835-4900

Fax: 407-835-4911

**TRANSCRIPT REQUEST**

**NAME: Mother’s Maiden Name:**

**ADDRESS:**

**PHONE NUMBER: DATE OF BIRTH:**

**SCHOOL ATTENDED: STUDENT #**

**YEAR OF GRADUATION/LAST ATTENDED:**

 **# Unofficial Copies (for reviewing purposes only)**

 **# Official Copies (Certified transcript will be placed in a sealed envelope)**

**Form of Delivery:**

 **Self (Pick-up) US MAIL (Enter School/Business Address Below)**

 **FAX (Enter Fax # Below) Email (Enter Email Address Below)**

**List School/College/Business Name and Full Address/Campus Address:**

**You may list additional colleges and addresses on back, if needed**

I authorize the Orange County, Florida, Public Schools to release the information specified above to the organization or individual named.

 **Date Signature of Parent or Eligible Student**