



Request for Transcripts

Complete legal name (*while attending school*): _____

Name currently using (*if different from above*): _____

Last public school and grade attended in Citrus County: _____

Graduation or withdrawal date: _____

Birth date: _____ Social Security Number: (Only last 4 digits) _____

Phone number: (____) _____ or Email address: _____
(Where you can be contacted)

Records requested:

(Please indicate quantity needed in space provided)

_____ High school transcripts, official

_____ High school transcripts, unofficial

All GED transcripts must be requested online at:
www.ged.com

(Note) _____

Send requested records to:

(Name and address of where records are to be sent) (If to be faxed, please include phone number and name of contact in case of fax errors.)

Your Signature (*required*): _____ **Date:** _____

Enclose a \$5.00 (per copy) cash or money order made payable to the respective school:
You may mail or bring your request to:

Citrus High 600 W. Highland Blvd. Inverness, FL 34452 Guidance Dept. 352-726-2241	Crystal River High 1205 NE 8 th Ave. Crystal River, FL 34428 Guidance Dept. 352-735-4641	Lecanto High 3810 W. Educational Path Lecanto, FL 34461 Guidance Dept. 352-746-2334	Withlacoochee Technical 1201 W. Main Street Inverness, FL 34450 Guidance Dept. 352-726-2430	CREST 2600 S. Panther Pride Dr. Lecanto, FL 34461 Guidance Department (352) 527-0303
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Office Use Only:

Date Rec'd: _____ Amt Paid: _____ Receipt # _____ Date Mailed: _____

Payment Type: Money Order Cash