



LEGACY CHARTER HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please submit this completed form along with payment if required to LHS front office.

Electronically - available only to **FLORIDA PUBLIC** Universities/Colleges & NCAA

* Mailed directly to a **University or College or You**

* Picked up by you at Legacy office during office hours.

* Faxed to any fax number that you provide.

X Emailing transcripts, **NOT AVAILABLE** – per OCPS

Please check one, if former student, provide graduation year:

Current Student: ☐ Grade Level: _____ OR Former Student: ☐ Graduation Year: _____

Your Name: _____ Date of Birth: _____

Your name at graduation (if different from current name): _____

Contact Information Phone: _____ Email: _____

Total number of transcripts being requested: _____

Each mailed or picked-up transcript costs \$2.00. Electronic transcripts are no charge. Please indicate amount and form of payment .

Cash or check ☐ Amount: _____ N/A (Electronic only): ☐

Electronic transcript(s), please provide the name(s) of the University or College the transcript should be sent to; as well as any and all upload instructions necessary:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Paper Transcript(s), pick up at Legacy front desk ☐ **OR** mail to the address(es) below ☐

Please provide the name of the University or College as well as the address for each and/or other locations the transcript should be sent to:

1. _____
2. _____
3. _____
4. _____
5. _____