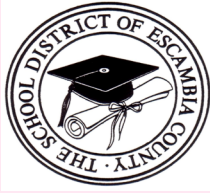


**WEBSITE REQUEST FOR HIGH SCHOOL TRANSCRIPT / IMMUNIZATION / PROOF OF GRADUATION**



STUDENT RECORDS DEPARTMENT  
SCHOOL DISTRICT OF ESCAMBIA COUNTY  
J. E. HALL CENTER  
30 EAST TEXAR DRIVE, SUITE 123  
PENSACOLA, FL 32502  
PHONE: 850-469-5459 OR 850-469-5460  
FAX: 850-469-5619

**READ CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE PRINT CLEARLY.**

WE WILL PROVIDE YOU WITH TWO (2) COPIES OF YOUR RECORD; ONE SEALED & ONE UNSEALED. PROVIDE THE REQUESTED INFORMATION, SIGN AND HAVE NOTARIZATION COMPLETED, OR YOU MAY SEND A LEGIBLE COPY OF YOUR DRIVER'S LICENSE WITH THE COMPLETED FORM. RETURN BY FAX OR MAIL. IF YOU DO NOT PROVIDE ACCURATE & SUFFICIENT INFORMATION, WE MAY NOT BE ABLE TO PROVIDE YOU WITH THE SCHOOL RECORDS, WHICH YOU ARE REQUESTING.

**SCHOOL DISTRICT OF ESCAMBIA COUNTY GRADUATES ONLY:  
PLEASE COMPLETE THIS SECTION. PLEASE PRINT CLEARLY.**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
School graduated from: \_\_\_\_\_ Year: \_\_\_\_\_

**SCHOOL DISTRICT OF ESCAMBIA COUNTY NON-GRADUATES ONLY:  
PLEASE COMPLETE THIS SECTION. PLEASE PRINT CLEARLY.**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST school attended in Escambia County: \_\_\_\_\_  
OTHER high schools attended in Escambia County: \_\_\_\_\_  
LAST year attended: \_\_\_\_\_ LAST grade attended: \_\_\_\_\_  
If you did not graduate, how old were you when you withdrew from school? \_\_\_\_\_

Document requesting: ( ) Transcript ( ) Proof of Graduation Letter ( ) Immunization - If available.

**\*SIGNATURE OF STUDENT, 18 YEARS OR OLDER, IS REQUIRED BY STATE AND FEDERAL LAW.**

**MAILING ADDRESS:**

\*Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

**\*NOTARY, IF APPLICABLE:**

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_  
Two Thousand and \_\_\_\_\_,  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

**WEBSITE REQUEST FOR SCHOOL RECORDS FOR PROOF OF DATE OF BIRTH / IDENTIFICATION**



STUDENT RECORDS DEPARTMENT  
SCHOOL DISTRICT OF ESCAMBIA COUNTY  
J. E. HALL CENTER  
30 EAST TEXAR DRIVE  
PENSACOLA, FL 32502

PHONE: 850-469-5459 OR 469-5460 FAX: 850-469-5619

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM; PLEASE PRINT CLEARLY.**

**WE WILL PROVIDE YOU WITH TWO (2) COPIES OF YOUR RECORD; ONE SEALED & ONE UNSEALED. PROVIDE THE REQUESTED INFORMATION, SIGN AND HAVE NOTARIZATION COMPLETED; OR, YOU MAY SEND A LEGIBLE COPY OF YOUR DRIVER'S LICENSE WITH THE COMPLETED FORM. RETURN BY FAX OR MAIL. IF YOU DO NOT PROVIDE ACCURATE & SUFFICIENT INFORMATION, WE MAY NOT BE ABLE TO PROVIDE YOU WITH THE SCHOOL RECORD, WHICH YOU ARE REQUESTING.**

Maiden Name *Only*: \_\_\_\_\_

ALL Last Names: \_\_\_\_\_

ALL First Names: \_\_\_\_\_

ALL Middle Names: \_\_\_\_\_

ALL Dates of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Did you graduate **OR** did you withdraw? Year graduated: \_\_\_\_\_ Year withdrew: \_\_\_\_\_

Last high school attended in Escambia County: \_\_\_\_\_ Last grade attended: \_\_\_\_\_

Other high schools attended in Escambia County: \_\_\_\_\_

Last middle (Jr. High) attended in Escambia County: \_\_\_\_\_

Last middle school grade attended: \_\_\_\_\_ *Other* middle (Jr. High) schools attended in

Escambia County and in order of attendance: \_\_\_\_\_

Last elementary school attended in Escambia County: \_\_\_\_\_

Last elementary school grade attended: \_\_\_\_\_ *Other* elementary schools attended in Escambia

County and in order of attendance: \_\_\_\_\_

PLEASE CHECK DOCUMENT REQUESTING: ( ) PROOF OF DATE OF BIRTH ( ) IDENTIFICATION

**\*SIGNATURE OF STUDENT, 18 YEARS & OLDER, IS REQUIRED BY STATE AND FEDERAL LAW.**

MAILING ADDRESS:

\*Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**\*NOTARY, IF APPLICABLE:**

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

Two thousand and \_\_\_\_\_.

My commission expires: \_\_\_\_\_

(Signature of Notary)