



ARCHIMEDEAN  
UPPER CONSERVATORY

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# High School Transcript Request Form

PLEASE ALLOW A MINIMUM OF FIVE TO TEN BUSINESS DAYS FOR TRANSCRIPTS TO BE RECEIVED AND PROCESSED.

## STUDENT INFORMATION (Please TYPE all responses)

\_\_\_\_\_  
Name (while attending Archimedean Upper Conservatory)      Student I.D. #      Date Of Birth      Graduation Year

\_\_\_\_\_  
Permanent Address      City      State      Zip Code

\_\_\_\_\_  
Phone Number(s)      e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Address if Living Out of the Country

## IMMEDIATE RECIPIENT OF TRANSCRIPT (Please TYPE all responses)

- I request to obtain an unofficial copy of my student transcript for my own personal use.
- Number of copies requested (maximum four): \_\_\_\_\_
- WARNING: Most third parties (colleges/universities/jobs/volunteer, summer, & scholarship programs) require that official transcripts be sent directly from your school without passing through your or your guardian's hands.**
- I request that an official copy of my student transcript be sent directly to the person(s), program(s), and/or institutions(s) listed below.
- SELF-ADDRESSED ENVELOPES WITH A MINIMUM OF TWO STAMPS MUST BE SUBMITTED ALONG WITH THIS FORM FOR EACH RECIPIENT LISTED BELOW.**

### Recipient 1

\_\_\_\_\_  
Office of Undergraduate Admissions / Office of Scholarship & Financial Aid / Other

\_\_\_\_\_  
Name of Institution / Name of Program / Other Entity

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2 (if needed)

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
If out of country: \_\_\_\_\_

### Recipient 1

\_\_\_\_\_  
Office of Undergraduate Admissions / Office of Scholarship & Financial Aid / Other

\_\_\_\_\_  
Name of Institution / Name of Program / Other Entity

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2 (if needed)

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
If out of country: \_\_\_\_\_

### Recipient 1

\_\_\_\_\_  
Office of Undergraduate Admissions / Office of Scholarship & Financial Aid / Other

\_\_\_\_\_  
Name of Institution / Name of Program / Other Entity

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2 (if needed)

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
If out of country: \_\_\_\_\_

### Recipient 1

\_\_\_\_\_  
Office of Undergraduate Admissions / Office of Scholarship & Financial Aid / Other

\_\_\_\_\_  
Name of Institution / Name of Program / Other Entity

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2 (if needed)

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
If out of country: \_\_\_\_\_



# High School Transcript Request Form

I request that an official copy of my student transcript be electronically mailed to the institution(s) listed below.

- **WARNING: Not all institutions accept electronic copies and some only accept electronic copies.**

**Verify with the institution before placing a request.**

- |   |   |
|---|---|
| <input type="checkbox"/> Florida A & M University (Tallahassee)     | <input type="checkbox"/> Broward College (Davie)                              |
| <input type="checkbox"/> Florida Atlantic University (Boca Raton)   | <input type="checkbox"/> Florida State College at Jacksonville (Jacksonville) |
| <input type="checkbox"/> Florida Gulf Coast University (Ft. Myers)  | <input type="checkbox"/> Hillsborough Community College (Tampa)               |
| <input type="checkbox"/> Florida International University (Miami)   | <input type="checkbox"/> Miami-Dade College (Miami)                           |
| <input type="checkbox"/> Florida State University (Tallahassee)     | <input type="checkbox"/> Pensacola State College (Pensacola)                  |
| <input type="checkbox"/> New College of Florida (Sarasota)          | <input type="checkbox"/> Sante Fe Community College (Gainesville)             |
| <input type="checkbox"/> University of Central Florida (Orlando)    | <input type="checkbox"/> Tallahassee Community College (Tallahassee)          |
| <input type="checkbox"/> University of Florida (Gainesville)        | <input type="checkbox"/> Valencia Community College (Orlando)                 |
| <input type="checkbox"/> University of Miami (Miami)                | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> University of North Florida (Jacksonville) | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> University of South Florida (Tampa)        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> University of West Florida (Pensacola)     | <input type="checkbox"/> Other: _____   |

**IF YOU ARE REQUESTING AS PART OF AN APPLICATION** (Please TYPE all responses)

Are there any other documents, letters, or forms you wish the College Office to mail along side your transcript?

No  Yes

\*If you selected yes, check off all that apply. PLEASE ENSURE THAT SUFFICIENT POSTAGE HAS BEEN ADDED TO THE SUBMITTED!

- Teacher Recommendation(s) - Name of Teacher(s): \_\_\_\_\_
- Administration/Counselor Recommendation(s)/Evaluation(s) - Name of Administrator/Counselor: \_\_\_\_\_
- Athletic Coach/Club Sponsor Recommendation(s) - Name of Coach(s)/Club Sponsor(s): \_\_\_\_\_
- School Profile  Other: \_\_\_\_\_

\*Recommendations must be requested separately at least four weeks prior to any desired mailing date using the appropriate Recommendation Request Forms.

**POSTMARK DEADLINE** (Please TYPE all responses)

Understand that if you submitted your request late, with a deadline less than two weeks away, this deadline may not be met.

	Name of Transcript Recipient	Deadline Date To Mail Transcript	Date Transcript Mailed (for office use only)
Transcript 1			
Transcript 2			
Transcript 3			
Transcript 4			

**PERMISSION FOR THE REEEASE OF TRANSCRIPT** (Once you are finished TYPING the rest, please print and sign by HAND below)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name if Student is Under 18

\_\_\_\_\_  
Parent/Guardian Signature if Student is Under 18

\_\_\_\_\_  
Date