



# SOUTH BROWARD HS

## Transcript Request Form

2018 – Current Graduates / Inactive Students

Registrar's Email: [kamishia.brackin@browardschools.com](mailto:kamishia.brackin@browardschools.com)



**REMINDER: Don't forget to send in your picture ID**

Please fill out numbers 1 – 7

1. Date \_\_\_\_\_
2. Last Name \_\_\_\_\_
3. First Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Student # \_\_\_\_\_
6. Phone # \_\_\_\_\_
7. Last Year you attended South Broward ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024

**How do you want us to process your transcript request?**

**You may select more than one option.**

## FREE OF CHARGE OPTIONS

- ☐ Email my transcript to Email Address: \_\_\_\_\_
- ☐ Sheridan Tech Counselor Email \_\_\_\_\_
- ☐ I want my transcript sent to these school(s)

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> BARRY                      | <input type="checkbox"/> BROWARD COLL                               | <input type="checkbox"/> FAU                                  | <input type="checkbox"/> FGCU  |
| <input type="checkbox"/> FIU                        | <input type="checkbox"/> FSU  | <input type="checkbox"/> JACKSON UNIVERSITY                   | <input type="checkbox"/> MIAMI DADE COLL                             |
| <input type="checkbox"/> SANTA FE COLL              | <input type="checkbox"/> STETSON UNIVERSITY                         | <input type="checkbox"/> ST. THOMAS UNIVERSTIY                | <input type="checkbox"/> TALLAHASSEE COM COLL                        |
| <input type="checkbox"/> UCF                        | <input type="checkbox"/> UF   | <input type="checkbox"/> UM                                   | <input type="checkbox"/> UNF   |
| <input type="checkbox"/> USF                        | <input type="checkbox"/> UWF  | <input type="checkbox"/> LAKE SUMTER STATE                    | <input type="checkbox"/> VALENCIA COM COLL                           |
| <input type="checkbox"/> INDIAN RIVER<br>STATE COLL | <input type="checkbox"/> PALM BEACH<br>STATE COLL<br>(Campus _____) | <input type="checkbox"/> DAYTONA STATE COLL<br>(Campus _____) | <input type="checkbox"/> HILLSBOROUGH<br>COMMUNITY<br>(Campus _____) |

## \$3 Fee paid upfront ONLINE

- ☐ I want to pick up my transcript at South Broward HS (Registrar will email you when it's ready for pick up)
- ☐ I want my transcript to be mailed

College Name / Your Name if mailed directly to you \_\_\_\_\_

Department (if Applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

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