



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

(*Note*) _____

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

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:** _____

Please 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 352-249-2101 (fax)	Crystal River High 3195 Crystal River Dr. Crystal River, FL 34428 Guidance Dept. 352-795-4641 352-249-2105 (fax)	Lecanto High 3810 W. Educational Path Lecanto, FL 34461 Guidance Dept. 352-746-2334 352-249-2136 (fax)	Withlacoochee Technical 1201 W. Main Street Inverness, FL 34450 Guidance Dept. 352-726-2430 352-249-2158 (fax)	CREST 2600 S. Panther Pride Dr. Lecanto, FL 34461 Guidance Dept. 352- 527-0303 352-249-2104 (fax)
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Office Use Only:

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

Payment Type: Money Order ☐ Cash ☐