

**COMMISSION FOR INDEPENDENT EDUCATION  
TRANSCRIPT REQUEST**

PLEASE FILL OUT THE HIGHLIGHTED AREAS TO HAVE YOUR  
TRANSCRIPT REQUEST PROCESSED. ONCE COMPLETED, PRINT OUT  
THIS SHEET, SIGN, AND MAIL TO THE ADDRESS AT THE BOTTOM OF THE  
PAGE. E-MAIL OR FAX REQUESTS ARE NOT ACCEPTED.

**YOUR OFFICIAL SIGNATURE IS REQUIRED TO PROCESS THIS REQUEST.**

YOUR NAME WHILE ATTENDING  
SCHOOL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SCHOOL ATTENDED: \_\_\_\_\_

STREET ADDRESS AND CITY OF SCHOOL (If known):  
\_\_\_\_\_

YEARS ATTENDED: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

CONTACT INFO: PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

PLEASE LIST ADDRESS(S) WHERE TRANSCRIPT IS TO BE MAILED:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE MAIL REQUEST TO:  
The Commission for Independent Education  
Attn: Transcript Department  
325 W. Gaines Street, #1414  
Tallahassee, Florida 32399-0400  
(850) 245-3200

# COMMISSION FOR INDEPENDENT EDUCATION FLORIDA DEPARTMENT OF EDUCATION

## TRANSMITTAL OF TRANSCRIPT SEARCH FEE

**SUBMIT COMPLETE FORM WITH CHECK OR MONEY ORDER (DO NOT SEND CASH) TO:**  
 Commission for Independent Education/Department of Education  
 325 W. Gaines Street, #1414  
 Tallahassee, FL 32399-0400

\$10.00

Attached please find the amount of \$10.00, by check, cashier's check or money order, **payable to** the State of Florida, as a Transcript Search Fee.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS, including ZIP CODE

RETURN ONE (1) COPY OF THIS AS WELL AS STUDENT TRANSCRIPT REQUEST FORM,  
WITH YOUR PAYMENT, DIRECTLY TO THE COMMISSION OFFICE.

**DO NOT WRITE BELOW THIS LINE**

TR 30		SAMAS		GF	SF	FID	BE	IBI	CAT	
SEL S		ACCOUNT		20	2	380001	48300000	00	000200	
P.O.NP.CODE										
ORG CODE										
DIV	BUR	SEC	EO	OBJECT	AMOUNT	VENDOR I.D.	GRANT NUMBER	GL	LN	
08	70	01	57	002000			97570	61200	1	