



**REQUEST FOR TRANSCRIPT**

**Duval County Public Schools  
District Student Records  
1701 Prudential Drive, Fourth Floor  
Jacksonville, Florida 32207  
Phone: (904) 390-2088 Fax: (904) 390-2515**

*Transcript copies may be obtained for the nominal fee of \$1.00 per copy.*

Name of last public school attended in Duval County? **(Please print)**

\_\_\_\_\_

Name while in attendance \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date or Year of Graduation \_\_\_\_\_

If **not** a graduate, withdrawal year and grade attended \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Person If Other  
Than Student Requesting Record

Address to Mail Transcript \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

**\*IMPORTANT: Signature of student is required by the Privacy Act. Signature notarization is also required when not applying person.**