

## Transcript Request Form

Student/Alumni Name: \_\_\_\_\_  
 If married, Maiden Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

**Please mail my FLA transcript to:**  
*Enrollment Services*  
 School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

S.S.#: \_\_\_\_\_ <<< *Optional*  
 Date of Birth: \_\_\_\_\_ <<< *Optional*  
 Year of Graduation: \_\_\_\_\_  
 Withdrew Before Graduation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_  
 Student's Signature (if 18 or older)

**OR**

\_\_\_\_\_  
 Parent's Signature

*FOR OFFICE USE:*

INFORMATION	PERSON	DATE
Financial OK:		
\$5 Received:		
Mailed:		
Faxed:		
Picked up:		

**INSTRUCTIONS:**  
 Please complete the highlighted fields on this form. No fee is needed for current students. FLA graduates are allowed one (1) transcript at no charge following graduation. There is a \$5 fee for subsequent transcript requests. Requests that are mailed to FLA must include payment by money order or check. Personal checks must clear our bank before the transcript is released. Requests emailed or faxed should include credit card information for payment (see below). This form can be mailed, faxed, or emailed. See contact information below.

TYPE OF CREDIT CARD: \_\_\_\_\_  
 PERSON'S NAME ON CREDIT CARD: \_\_\_\_\_  
 CREDIT CARD #: \_\_\_\_\_  
 MONTH & YEAR OF EXPIRATION: \_\_\_\_\_ 3-4 DIGIT SECURITY CODE: \_\_\_\_\_  
 AMOUNT TO BE CHARGED TO THE CREDIT/DEBIT CARD: \_\_\_\_\_ (\$5 / request)

EMAIL ADDRESS: [gabriela.lopez@forestlake.org](mailto:gabriela.lopez@forestlake.org) FAX NUMBER: (407) 862-7050 (Attn: Gaby Lopez)

MAILING ADDRESS: Forest Lake Academy Director of Student Records  
 500 Education Loop  
 Apopka, FL 32703-6149

**ALLOW 2-3 BUSINESS DAYS FOR PROCESSING YOUR REQUEST**