



If transcripts are to be mailed please complete side 2 of this form

Please return this form with necessary payment to:

St. Johns Virtual School
2980 Collins Ave. Bldg. 1
St. Augustine, FL 32084

STUDENT LEGAL NAME: _____ **STUDENT #** _____

Please print

SOCIAL SECURITY #: _____ **Graduation Yr.:** _____ ****FINAL TRANSCRIPT** _____

PARENT OR STUDENT SIGNATURE (IF 18 YRS. OR OLDER): _____

COST: FIRST COPY FREE AND ONE FINAL TRANSCRIPT FREE – EA. ADD’L COPY = \$2.00

Please make payable to: “**District Designated Accounts**” with **SJVS** written in the memo line.

Please **circle the name** of the institution(s) you want an electronic transcript sent to.

INDICATE NEXT TO THE COLLEGE IF THERE IS A **DEADLINE** FOR COLLEGE TO RECEIVE TRANSCRIPT

ALLOW FOUR (4) DAYS TO PROCESS

			DEADLINE DATE	DATE SENT	POSTED
Chipola Junior College		1472			
Daytona Beach Community College		1475			
FL Agricultural & Mechanical University	SPEEDY	1480			
FL Atlantic University	SPEEDY	1481			
FL International University		9635			
Florida State University		1489-1			
FL Gulf Coast Univeristy					
FL State College at Jacksonville		1484			
New College	SPEEDY	39574			
Santa Fe Community College		1519			
Tallahassee Community College		1533			
University of Central Florida	SPEEDY	3954			

			DEADLINE DATE	DATE SENT	POSTED
University of Florida		1535			
University of Miami	SPEEDY	1536			
University of North Florida	SPEEDY	9841			
University of South Florida	SPEEDY	1537			
University of West Florida		3955			
Valencia Community College	SPEEDY	6750			

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FOR OUT-OF-STATE, PRIVATE COLLEGES OR PERSONAL USE
 PICK UP COPIES THREE (3) DAYS AFTER REQUESTED FOR MAILING

**IF PICKING UP FINAL TRANSCRIPT, INDICATE WHICH COLLEGE YOU WILL BE ATTENDING:

College: _____ State: _____

Mailing Address for Transcript #1
Mailing Address for Transcript #2
Mailing Address for Transcript #3
Mailing Address for Transcript #4

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PARENT OR STUDENT SIGNATURE (IF 18 YRS. OR OLDER): _____

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