

Taylor County School District
318 North Clark Street
Perry, FL 32347
Fax: 850-838-1317



To avoid delays in processing, completely fill in all information that applies:

Current Last Name	:	_____	Phone	:	_____	
Last Name at Graduation	:	_____	Street Address	:	_____	
First Name	:	_____	City/State/Zip	:	_____	
Middle Name	:	_____	E-mail	:	_____	
School of Last Attendance	:	_____	Date of Birth	:	_____	
Year of Last Attendance	:	_____	Fax Number	:	_____	
Did you graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone Number	:	_____
I would like my transcript:		<input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed	<input type="checkbox"/> Held for pickup	<input type="checkbox"/> E-mailed (not secure)	
Mail to	:	_____				

Fax to	:	_____				
E-mail to	:	_____				
(Note that e-mail is not secure)						
Picked up by	:	_____				
(Photo ID is required)						
		_____				_____
		Signature (Required for processing)				Date

Please return the completed form and allow 5 working days for processing.
For questions, e-mail transcripts@taylor.k12.fl.us or call 850-838-2529