

Taylor County School District
318 N. Clark St.
Perry, FL 32347
Fax: 850-838-2501



Transcript Request

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

Current Last Name: _____

Last Name at Graduation: _____

First Name: _____

Middle Name: _____

Date: of Birth: _____

School of Last Attendance: _____

Year of Last Attendance: _____

Phone: _____

Street Address: _____

Email: _____

City/State/Zip: _____

Fax Number: _____

Did you graduate: Yes No

I would like my transcript: Mailed Faxed Held for pickup E-mailed (not secure)

Mail to: _____

Fax to: _____

Email: _____ (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 pam.padgett@taylor.k12.fl.us 850-223-4410