



Freedom High School
 Office of Student Services
 2500 W. Taft-Vineland Road
 Orlando, FL 32837



Guidance Office: (407) 816-5603

Guidance Fax: (407) 816-5657

Transcript Request

****There is NO fee for processing this transcript order****

****For verification purposes, please provide a copy of your driver's license, state ID, or any other form of identification showing your name, picture and date of birth****

PLEASE PRINT:

Student Name: First MI Last			Student ID #
Name while attending school, if different from above: First MI Maiden Name			Parent's Name:
Daytime Telephone #	Date of Birth:	Year Last attended:	Diploma Type (Standard, Adult, GED, etc) :

Certified official transcripts will be placed in a sealed envelope for mailing purposes.

Please note: electronic copies are not sent via email.

Please check here if you would like a copy for yourself Sealed Unsealed

Signature of Student or Parent:	Today's Date:
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I authorize the release of my information to the below institution:

<input type="radio"/> Send Electronically <input type="radio"/> US Mail	Name of Institution or Organization:		
	Attention to (if applicable):		
	Address:		
	City:	State:	Zip:

I authorize the release of my information to the below institution:

<input type="radio"/> Send Electronically <input type="radio"/> US Mail	Name of Institution or Organization:		
	Attention to (if applicable):		
	Address:		
	City:	State:	Zip:

Requests can be faxed or emailed to Jelitsa.RoblesGrau@ocps.net

For Additional Orders See Back of Page

I authorize the release of my information to the below institution:

Name of Institution or Organization:		
Attention to (if applicable):		
Address:		
City:	State:	Zip:

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