



12651 South Dixie Hwy, Suite 319, Pinecrest, FL 33156 Phone 305.233.5723 [info@diplomaathome.com](mailto:info@diplomaathome.com)

## Transcript Request Form

INSTRUCTIONS: Complete this form and payment, online or download and print Transcript Request Form. Mail form and money order or credit card payment information to: American Academy of Pinecrest, 12651 South Dixie Highway, Suite 319, Pinecrest, FL 33156.

**YOUR FIRST REQUEST FOR TRANSCRIPTS ARE FREE OF CHARGE. (First 2 COPIES -ONE OFFICIAL SEALED COPY AND ONE LOOSE COPY) Additional transcripts are \$25.00 per transcript. Please allow seven (7-10) business days for delivery.**

### Please fill out completely

Student ID Number: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #:    -

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Please mail a copy of my transcript(s) to:

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School Name: \_\_\_\_\_

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Payment of **\$25.00** must be made by money order or credit card; you can call the office and pay by phone. No checks, please.

Credit Card Payment Information

Name on the Card: \_\_\_\_\_

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Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

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Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_