

**COCOA HIGH SCHOOL  
TRANSCRIPT REQUEST FORM**

Student's Full Name: \_\_\_\_\_ Year Graduated\*: \_\_\_\_\_

Student Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

*\*If you graduated before 1990 please contact the district office at 633-1000 ext.781.*

Please send or transmit my transcript to the following college or university:

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

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

City, State, Zip: \_\_\_\_\_

E-mail or Web Site: \_\_\_\_\_

**Score Choice™ Please check ONE of the following:**

- YES, I give permission to Cocoa High School to release my child's SAT (SAT, SA1, SA2, SA3, and PSAT *and* ACT (ACT and PLAN) test results to the requested post-secondary institution or organization.
- NO, I do not give permission to Cocoa High School to release my child's SAT (SAT, SA1, SA2, SA3, and/or PSAT) and ACT (ACT and PLAN) test results from the following test date(s):  
\_\_\_\_\_ to the requested post-secondary institution or organization.
- NO, I do not give permission to Cocoa High School to release my child's ACT (ACT and/or PLAN) test results from the following test date(s): \_\_\_\_\_  
to the requested post-secondary institution or organization.

**Delivery Method: Please check ONE of the following:**

- Mail       Send Electronically       Pick Up

\_\_\_\_\_  
*Student/Parent Signature*

**Return completed form and \$5 cash to front desk. Current students return form and pay \$1 to Ms. Roberts in the Guidance Department.**