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Suite 1414  
Tallahassee, Florida 32399-0400



Phone: (850) 245-3200  
Fax: (850) 245-3234  
Email: cieinfo@fldoe.org

## *Commission for Independent Education*

### Request for Search of Student Academic Transcripts on File

Student's Name at Time of Attendance:
Last 4 Digits of Student's Social Security Number (Do not include entire SSN):
School Attended:
Street Address and City of School (if known):
Years Attended:
Program Enrolled In:
Student's Date of Birth:
Contact Information for Questions Regarding this Request Phone Number: Email Address:

**Signature of Student:** \_\_\_\_\_

**This request cannot be processed without the student signature.**

Please list addresses where transcript is to be mailed:

Address 1:	Address 2:
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**This form may be mailed, faxed or emailed to the contact information above.**