325 West Gaines Street Suite 1414 Tallahassee, Florida 32399-0400



Phone: (850) 245-3200 Fax: (850) 245-3238 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.	
This request cannot be processed without the student signature.	
Please list addresses where transcript is to be mailed: Address	
1:	Address 2:

This form may be mailed, faxed or emailed to the contact information above.