

INCOMPLETE OR UNACCEPTABLE REQUEST WILL BE RETURNED

REQUESTS MUST INCLUDE

\$2.00 PER TRANSCRIPT (CASH OR MONEY ORDER ONLY)

GRADUATE CLASS OF _____		NON-GRADUATE LAST YEAR ATTENDED _____	
LAST NAME (in school)		FIRST NAME	MI.
MARRIED/OTHER NAME	SS# (optional)	BIRTHDATE	
PHONE NUMBER:		Number of Transcripts Needed:	

MAIL MY TRANSCRIPT (S) TO:

I HEREBY AUTHORIZE RECORDS TO BE RELEASED AS INSTRUCTED ABOVE

SIGNATURE(REQUIRED)

DATE:

**RETURN YOUR REQUESTS TO: CYPRESS BAY HIGH SCHOOL
OFFICE OF THE REGISTRAR
18600 VISTA PARK BLVD.
WESTON, FLORIDA 33332**