



**New Dimensions High School**  
4900 Old Pleasant Hill Road, Kissimmee, FL 34759  
Tel. 407-870-9949 Fax 407-870-8976

**TRANSCRIPTS REQUEST FORM**

Student's Name: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, give New Dimensions High School permission to send \_\_\_\_\_(number) copies of my official transcripts to the place/places identified below (Name and address- **Print Clearly**):

A. Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip code \_\_\_\_\_

B. Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip code \_\_\_\_\_

C. Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip code \_\_\_\_\_

\_\_\_\_\_ I will pick up my transcripts. Please e-mail me when they are ready for pick up at:

Email: \_\_\_\_\_@\_\_\_\_\_.com

If you need transcripts to be sent electronically please provide e-mail address below:

\_\_\_\_\_@\_\_\_\_\_.com

\_\_\_\_\_@\_\_\_\_\_.com

\_\_\_\_\_@\_\_\_\_\_.com

Please check one:

\_\_\_\_\_ Send transcripts at your earliest convenience

\_\_\_\_\_ Send transcripts after final grades and graduation dates are final

Thank you,

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date