

St. Johns County
Guidance and Choice

Transcript Request Form

For St. Johns Virtual School or Active Home Education Students

Cost: \$2.00 per transcript to be mailed

Date:	
Student Last Name:	
Student First Name:	
Birthdate:	
Phone Number:	
Transcript Needed:	<input type="checkbox"/> St. Johns Virtual / Florida Virtual School <input type="checkbox"/> St. Johns County Schools
Transcript Type:	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
Number to be Mailed: (\$2 per transcript)	
Number to be Picked up at our office: (no charge)	
Parent Signature:	

If transcripts are to be mailed please complete side 2 of this form

Please return this form with necessary payment made payable to:

“District Designated Accounts” with SJVS written in the Memo Line

Mail or bring completed form to:
The Office of Guidance and Choice
2980 Collins Ave. Bldg. 1 St. Augustine, FL 32084

Mailing Address for Transcript #1

Mailing Address for Transcript #2

Mailing Address for Transcript #3

Mailing Address for Transcript #4

Mailing Address for Transcript #5