

Request for Official Transcript from A. Crawford Mosley High School

Name: _____
(Last) (First) (Middle)

Student ID or SSN: _____ Date of Birth _____

Contact Phone Number: _____ Graduation
Date

Student Signature: _____ Date: _____

Number of Copies needed: _____ (\$3.00 per copy if not a current student)

Send to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

What to do: (check one)

- Birth Verification
- Social Security Verification
- Shot Record
- Transcript
- Letter of Enrollment

(Note: All signatures must be verified with a driver's license. Please attach a copy when requesting transcripts by fax or mail)

(Please allow 5 Business Days for Processing)

Return this form with payment (if required) to the
Records Office or mail to:

**Mosley High School
Attention Records Office
501 Mosley Drive
Lynn Haven, FL 32444**



For more information, please call (850) 767-4427 or (850) 767-4428