



Home of the Sharks

ANCLOTE HIGH SCHOOL
TRANSCRIPT REQUEST

1540 Sweet Briar Drive – Holiday, FL 34691
727.246.3000. FAX 727.246.3091

Mr. Michael Buono, Registrar: mbuono@pasco.k12.fl.us
Ms. Kodi Bell, Data Entry: kbell@pasco.k12.fl.us

Date Requested: _____ Date Needed: _____ Graduation Year: _____

Name: _____ Student ID: _____

Student Signature: _____ Parent Signature: _____

Beginning the 2018-2019 school year, there is no charge for the first transcript request for 2019 graduates. All other requests are subject to a \$5 service fee per Pasco County School Board Policy.

Check One

Official (Sealed Envelope)

Unofficial

COLLEGE NAME	ADDRESS

*****OFFICE USE ONLY*****

Date Mailed: _____ Date Electronically Mailed: _____