

# Transcript Request Form

➤ Mail your request form WITH payment to  
**Transcript Office**  
**15255 SW 96<sup>th</sup> St, Miami FL 33196**

➤ If paying in Cash, it MUST be in  
**EXACT Change or Money Order**

<b>Order Date:</b> _____  <b>Pick-Up:</b> _____ <small>(Only for Hard Copies)</small>	Current Students Paid: OSP _____ <small>(All Current Students MUST Pay Through the OSP App – NO CASH)</small>  Paid: \$ _____ # of Transcripts: _____ <small>(Office Enter Amount Received) (Fee: \$3.00 Per Transcripts)</small>	Is SS# in the System <b>Yes ___ or No ___</b> <small>(Office Staff Verify in DISIS)</small>
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**Transcripts Request will be processed within 72 hours from the  
 Order Date or Payment Received Date.**

**Student Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Grade**  
(Check one below)

Previous Graduate \_\_\_\_\_  
(Graduation Date)

Current Senior \_\_\_\_\_

Other: \_\_\_\_\_

**Official Transcripts will not be ordered for 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> grade students.  
 Unless the student was withdrawn, and all obligations have been paid.**

<b><u>FREE OF CHARGE</u></b>	<b>ELECTRONIC REQUEST</b>	<b><u>FREE OF CHARGE</u></b>
	<b>FAX (305-386-8987) your request form</b>	

Please mark (x) the College or University you want your transcript sent to:

___ MDCC <b>00C930</b>	___ FIU <b>00U990</b>	___ FSU <b>00U973</b>
___ SANTA FE CC <b>00C924</b>	___ UF <b>00U975</b>	___ UWF <b>00U978</b>
___ FAMU 730000000- <b>148000</b>	___ FAU 730000000- <b>148100</b>	___ FCG 730000003- <b>255300</b>
___ FMU 730000000- <b>148600</b>	___ JU 730000000- <b>149500</b>	___ UCF 730000000- <b>395400</b>
___ UM 730000000- <b>153600</b>	___ UNF 730000000- <b>984100</b>	___ USF 730000000- <b>153700</b>
___ Stetson 730000000- <b>563000</b>	___ BARRY 730000000- <b>146600</b>	___ VALENCIA CC 730000000- <b>675000</b>
___ Seminole 730000000- <b>152000</b>		___ St. Tomas 730000000- <b>146800</b>

**PRINT clearly below the name and address of the person and/or institution to which your transcripts should be sent.**  
*(\$3.00 Fee Per Hard Copy of Transcript)*

**Name:** \_\_\_\_\_

**Attention (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Print clearly below the name and address of the person and/or institution to which your transcripts should be sent.

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Attention (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_