

# 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**

Order Date: \_\_\_\_\_  
 Qty of Transcripts: \_\_\_\_\_  
*(Paper Copy – ONLY)*  
 Pick-Up: \_\_\_\_\_  
*(Only for Hard Copies)*

**Current Students Paid: OSP # \_\_\_\_\_**  
*(All Current Students MUST Pay Through the OSP App – NO CASH)*  
**Transcripts MUST be paid when ordered.**  
**Fee: \$3.00 Per Transcripts**

*This Section is for Office Staff ONLY.*

- Is student SS# in DSIS.  
 Yes \_\_\_ or no \_\_\_
- Office staff enter the dollar amount received.  
 Paid \$ \_\_\_\_\_

**Transcripts Request will be processed within 72 hours from the  
 Order Date or Payment Received Date.**

Student Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Student ID # \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**What Grade**

Previous Graduate: \_\_\_\_\_  
 Other: \_\_\_\_\_ (Graduation Date)  
 Current Senior: \_\_\_ Yes \_\_\_ No

**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 Unless the student was withdrawn, and all obligations have been paid.**

**ONLY THE COLLEGES AND UNIVERSITIES BELOW ARE FREE OF CHARGE**

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

<input type="checkbox"/> MDCC <b>00C930</b>	<input type="checkbox"/> FIU <b>00U990</b>	<input type="checkbox"/> FSU <b>00U973</b>	<input type="checkbox"/> TCC <b>00C927</b>
<input type="checkbox"/> SANTA FE CC <b>00C924</b>	<input type="checkbox"/> UF <b>00U975</b>	<input type="checkbox"/> UWF <b>00U978</b>	
<input type="checkbox"/> FAMU 730000000- <b>148000</b>	<input type="checkbox"/> FAU 730000000- <b>148100</b>	<input type="checkbox"/> FCG 730000003- <b>255300</b>	
<input type="checkbox"/> FMU 730000000- <b>148600</b>	<input type="checkbox"/> JU 730000000- <b>149500</b>	<input type="checkbox"/> UCF 730000000- <b>395400</b>	
<input type="checkbox"/> UM 730000000- <b>153600</b>	<input type="checkbox"/> UNF 730000000- <b>984100</b>	<input type="checkbox"/> USF 730000000- <b>153700</b>	
<input type="checkbox"/> Stetson 730000000- <b>563000</b>	<input type="checkbox"/> BARRY 730000000- <b>146600</b>	<input type="checkbox"/> VALENCIA CC 730000000- <b>675000</b>	
<input type="checkbox"/> Seminole 730000000- <b>152000</b>		<input type="checkbox"/> St. Tomas <b>admissions@stu.edu</b>	

PRINT clearly below the name and address of the person and/or institution you are requesting transcript to me mailed.  
*(\$3.00 Fee Per Hard Copy of Transcript)*

**Person / Institution 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.

Person / Institution Name: \_\_\_\_\_

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

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

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

Person / Institution Name: \_\_\_\_\_

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

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

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

Person / Institution Name: \_\_\_\_\_

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

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

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

Person / Institution Name: \_\_\_\_\_

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

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

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

Person / Institution Name: \_\_\_\_\_

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

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

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

Person / Institution Name: \_\_\_\_\_

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

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

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