

# 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**

Below for office use only

Order Date: \_\_\_\_\_

Pick-Up: \_\_\_\_\_  
(Only for Hard Copies)

Current Students Paid: OSP \_\_\_\_\_  
(All Current Students MUST Pay Through the OSP App – NO CASH)

Paid: \$ \_\_\_\_\_ # of Transcripts: \_\_\_\_\_  
(Office Enter Amount Received) (Fee: \$5.00 Per Transcripts)

Is SS# in the System  
Yes \_\_\_\_ or No \_\_\_\_  
(Office Staff Verify in DISIS)

**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 \_\_\_\_\_

**Cost of Paper Copy: \$5.00/transcript**

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Unless the student was withdrawn, and all obligations have been paid.**

FREE OF CHARGE

**ELECTRONIC REQUEST**  
**FAX (305-386-8987) your request form**

FREE OF CHARGE

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

\_\_\_ Broward CC [admissions@broward.edu](mailto:admissions@broward.edu)  
\_\_\_ Nova [rachel.leidemann@nova.edu](mailto:rachel.leidemann@nova.edu)  
\_\_\_ St. Tomas [admissions@stu.edu](mailto:admissions@stu.edu)

\_\_\_ MDCC 00C930  
\_\_\_ SANTA FE CC 00C924

\_\_\_ FIU 00U990 \_\_\_ UF 00U975  
\_\_\_ FSU 00U973 \_\_\_ UWF 00U978

\_\_\_ Baker Aviation 007801  
\_\_\_ Robert Morgan 008911

\_\_\_ Barry 730000000-146600  
\_\_\_ Seminole 730000000-152000

\_\_\_ Stetson 730000000-563000  
\_\_\_ VALENCIA CC 730000000-675000

\_\_\_ FAU 730000000-148100  
\_\_\_ FAMU 730000000-148000  
\_\_\_ FCG 730000003-255300

\_\_\_ UM 730000000-153600  
\_\_\_ UNF 730000000-984100  
\_\_\_ USF 730000000-153700

\_\_\_ FMU 730000000-148600  
\_\_\_ JU 730000000-149500  
\_\_\_ UCF 730000000-395400

**PRINT clearly below the name and address of the person and/or institution to which your transcripts should be sent.**  
**(\$5.00 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.

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