

TRANSCRIPT REQUEST FORM

(48 Hour Notice Required)

Date: _____ Student Name: _____

I.D. # _____ S.S. # _____ Date of Birth: _____

Current Grade _____ OR Year Graduated _____ Phone # _____

WHO IS YOUR COUNSELOR: _____

_____ Common App.**see below Fee: \$3.00 Paid: Yes _____ No _____

_____ SEND U Fee: \$3.00 Paid: Yes _____ No _____

_____ Coalition ** see below. Fee: \$3.00 Paid: Yes _____ No _____

** Use only if schools are not on common app.

** UNF, UF, FAU, FGCU, FL POLY, NEW COLLEGE and FSU **DO NOT** want transcripts now. They require that you complete the SSAR and link it to your application.

_____ FLORIDA PUBLIC COLLEGE(S): These transcripts will be sent ELECTRONICALLY at NO CHARGE. *

Name(s) of College/University:

**UCF, FAMU, FIU, USF and UWF, only if applying through the college website.

_____ FLORIDA PRIVATE COLLEGE(S) or OUT OF STATE COLLEGE(S):

Transcripts can be either mailed or picked up.

Mailing Address: _____
Street Address City State Zip

_____ I will pick up the transcript. Fee: \$3.00 per College Number of Colleges: _____ Paid \$ _____

_____ OFFICIAL TRANSCRIPT (HARD COPY)

Mailed to: _____

Mailing Address: _____
Street Address City State Zip

_____ I will pick up the transcript: Fee: \$3.00 per copy Number of copies _____ Paid: \$ _____

_____ UNOFFICIAL TRANSCRIPT (HARD COPY) NO CHARGE

TO SEND MORE THAN ONE TRANSCRIPT PLEASE LIST NAME(S) AND ADDRESS(S) ON THE BACK OF THIS FORM.