

Transcript Request Form

➤ Mail your request form WITH payment to
Main Office - Transcript Request
300 NW 2nd Ave, Miami FL 33128

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

Order Date: _____

Pick-Up: _____
(Only for Hard Copies)
 (Office Enter Date for Pick-Up)

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

Paid: \$ _____ **# of Transcripts:** _____
(Office Enter Amount Received) (Fee: \$6.00 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 _____

Other: _____

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 Unless the student was withdrawn, and all obligations have been paid.**

FREE OF CHARGE

ELECTRONIC REQUEST
FAX (305-371-0401) your request form

FREE OF CHARGE

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

___ MDCC 00C930	___ FIU 00U990	___ FSU 00U973
___ SANTA FE CC 00C924	___ UF 00U975	___ UWF 00U978
___ FAMU 7300000000- 148000	___ FAU 7300000000- 148100	___ FCG 7300000003- 255300
___ FMU 7300000000- 148600	___ JU 7300000000- 149500	___ UCF 7300000000- 395400
___ UM 7300000000- 153600	___ UNF 7300000000- 984100	___ USF 7300000000- 153700
___ Stetson 7300000000- 563000	___ BARRY 7300000000- 146600	___ VALENCIA CC 7300000000- 675000
___ Seminole 7300000000- 152000		___ St. Tomas 7300000000- 146800

PRINT clearly below the name and address of the person and/or institution to which your transcripts should be sent.
(\$6.00 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: _____