

**Transcript Request  
Registrar's Office  
Florida Memorial University  
15800 NW 42<sup>nd</sup> Avenue  
Miami Gardens, FL 33054**

Complete the information required. It takes three to five working days to process a transcript request. There is a **\$3 transcript** fee for each transcript requested. If mailing in a transcript request, enclosed money order.

Purpose for this transcript:  Graduate School Application  Transfer to another undergraduate institution  
 Work or job search  Scholarship  Other: \_\_\_\_\_

**STUDENT INFORMATION:**

Student's name: \_\_\_\_\_ Maiden or former name: \_\_\_\_\_  
Last First Middle

Student ID or SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Day Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

**ATTENDANCE INFORMATION:**

Check if you are a graduate  Month \_\_\_\_\_ Year \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Both \_\_\_\_\_

Teacher Certification Program \_\_\_\_\_

Date of Attendance - from \_\_\_\_\_ to \_\_\_\_\_ Check if attended before 1990:

**DELIVERY INSTRUCTIONS:**

Please check one:  I will pick up my transcript \* Transcripts prepared for pick-up will held for 10 days only.

Please allow \_\_\_\_\_ to pick up my transcript for me (Must show ID)

Mail transcript(s) as soon as they are ready  Hold this request until current grades are posted  Hold this request until my degree is posted

**IMPORTANT! All financial obligations must be met before we release your transcript. We only issue Official Transcripts.**

Total Copies \_\_\_\_\_ x \$3.00 = Total Charges: \$ \_\_\_\_\_

**Mail Transcript(s) to: (Please write neatly and include complete address)**

_____	_____
_____	_____
_____	_____
_____	_____

**STUDENT AUTHORIZATION:**

You are urged to monitor the receipt of the transcripts sent to other schools or agencies as you will not be notified by Florida Memorial University that a transcript has been sent out. Any indebtedness to Florida Memorial University must be cleared before transcripts are released.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Bursar's Approved Signature: \_\_\_\_\_ Bursar's Denied Signature \_\_\_\_\_

**NOTICE TO STUDENT:**

- The Registrar's Office was unable to locate your records: Please call: (305) 626-3752
- Your transcript has been withheld because you owe the following amount: \$ \_\_\_\_\_

Send Payment to:  
Bursar's Office  
Florida Memorial University  
15800 NW 42<sup>nd</sup> Avenue  
Miami Gardens, Florida 33054

**Record Location:**

Microfilm \_\_\_\_\_  
PowerCampus \_\_\_\_\_  
COCO \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Mailed/RFP \_\_\_\_\_