

Office of the Registrar 777 Glades Road Boca Raton, FL 33431 Phone: 561.297.3050

Date of Birth

Student ID Number (Z#)

## **OFFICIAL TRANSCRIPT REQUEST**

## This form is only used for mail in requests

released if financial obligations have not been sati	sfied.
--	--------

- Please use a *separate form* if mailing to more than *one address*.
- A picture *ID* is required to pick up a transcript.
- Allow *three to five* working days for processing.
- All transcripts are \$10 per copy. (Check or Money Order).
- Please attach any addendums you wish to be sent with this Official Transcript.
- Overnight and 2nd day mail use street address only, UPS does not deliver to PO boxes. (Please include a separate check or money order for UPS Overnight or 2nd Day delivery)

Last Name	(Maiden Name)	1	First Name	Middle Name	
Street Address		City	Stat	te Zip	
Phone Number		FAU E-mail Address (for Current Students)			
Check one: 🗆 Pick Up	Transcript(s) (#)	□ Mail (#) □ Overnight	-	🗆 Regular Mail	
□ Now		Please use a separate for <b>Send Transcript</b> (		ailing to more that one address.	
□ After current term's grades are posted		Name/Institution			
□ After degree is posted		Attention to			
□ After certifications are posted		Street Address			
		City/State/Zip			