



Veteran

# Transcript Request Form

**REGISTRAR'S OFFICE**

University of Central Florida  
P.O. Box 160114, Orlando, FL 32816-0114  
407-823-3100; E-mail: registrar@mail.ucf.edu

**TR**

The University will NOT provide an official transcript to any student or alumnus until his or her financial obligations to UCF have been satisfied. A \$15.00 charge is required for each transcript ordered. Payment must be submitted at the time of request. Requests submitted without payment will not be processed. The University will not accept the transcript request form via email or fax. The University will not email or fax transcripts to recipients. Photo ID must be presented at pick-up. Transcripts not claimed within 30 days of printing will be discarded and must be reordered, with full payment.

Please type or print all sections below legibly or transcript processing will be delayed.

PID

Name: \_\_\_\_\_  
Last First Middle Maiden/Previous

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

**Your Current Mailing Address:**

Street \_\_\_\_\_

Number of transcripts to be sent to me at this address.

City, State, Zip \_\_\_\_\_

I will pick up my transcripts.

Number of transcripts to be picked up. (photo ID).

**3<sup>rd</sup> Party Pickup (if applicable):** \_\_\_\_\_

I authorize the person named as 3<sup>rd</sup> party to pick up my transcripts (The designee above must present

**Send Transcripts to Other Addresses Listed Below:** (You may list additional addresses on separate sheet if necessary)

The Registrar's Office is not responsible for an incorrect address provided by you. It is your responsibility to check the address for accuracy. If it is incorrect and cannot be delivered, you will have to request and pay for another official transcript with the correct address.

Name

Name

Number of transcripts to be sent to this address.  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_

Number of transcripts to be sent to this address.  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_

City, State ZIP

City, State ZIP

**Current Enrolled Students:**

(check all that apply)

\_\_\_\_ Hold until Degree is posted on \_\_\_\_/\_\_\_\_  
GPA is calculated for \_\_\_\_\_ semester. (estimated graduation date)

c. \_\_\_\_ Hold until Grade Change for \_\_\_\_\_ is completed. (course and semester)  
d. \_\_\_\_ Hold until Name Change is completed.

**Total Charges:** \$15 per copy x \_\_\_\_\_ copies = Total Charge \$ \_\_\_\_\_

Please enclose a check or money order (CASH NOT ACCEPTED) made payable to the University of Central Florida for the total amount or provide an Amex, Discover, MasterCard, or Visa card number and expiration date below, and the appropriate amount will be charged to your credit card.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Requests require Two (2) Business Days to process. Allow up to 7 business days during busy registration periods and just following Commencement.*

Be sure to sign above. **UNSIGNED FORMS CANNOT BE PROCESSED! INCOMPLETE FORMS CANNOT BE PROCESSED!**

\_\_\_\_\_  
Visa Card \_\_\_\_\_