



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



The University WILL NOT provide an official transcript to any student or alumnus who has not met his or her financial obligations to UCF.
A \$10.00 charge is required for each transcript ordered. Payment must be submitted at the time of request. Requests submitted without payment will not be processed.
Photo ID must be presented at pick-up. Transcripts will not be e-mailed or faxed to recipients.
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 or SSN:

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.

3rd Party Pickup (if applicable):

I authorize the person named as 3rd party to pick up my transcripts (The designee above must present photo ID).

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 _____
 Number of transcripts to be sent to this address.
Address 1 _____
Address 2 _____
City, State ZIP _____

Name _____
 Number of transcripts to be sent to this address.
Address 1 _____
Address 2 _____
City, State ZIP _____

- Current Students:** (check all that apply)
- a. ____ Hold until Current Grades are posted and GPA is calculated for _____ semester.
 - b. ____ Hold until Degree is posted on ____/____ (estimated graduation date)
 - c. ____ Hold until Grade Change for _____ is completed. (course and semester)
 - d. ____ Hold until Name Change is completed.

Total Charges: \$10 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. For standard US mail, please allow up to 10 days for delivery.

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

- Amex Discover
- Visa MasterCard
- UCF Smart Card (In Person Only)
- Check # _____
Check Amt \$ _____

Card # _____/_____/_____/_____ Exp. Date _____

Print Name (as it appears on the credit card) _____

Billing Address (as it appears on the credit card bill) _____