

## UNIVERSITY OF FORT LAUDERDALE

Office of the Registrar 4131 NW 16<sup>th</sup> Street Lauderhill, FL 33313

## TRANSCRIPT RELEASE FORM

□ Please accept this signed form as authorization to send my official transcript to the school listed below

□ Please accept this signed form as authorization to send a student copy of my transcript to me at the address listed below

Full Name:

Last	First	Middle	
Student ID#	Dat	te of Birth://	
I attended your school during	the following year	(s):	
Name and address of School/ submit transcript	Organization to	Student's current mailing address	

Student	
Signature:	Date:

There is a \$15.00 fee for each official transcript requested, to expedite the request will cost \$20.00. There is \$5.00 fee for each unofficial transcript, to expedite the request will cost \$10.00. All financial obligations to UFTL must be cleared prior to the release of a transcript. Please make checks payable to UFTL.

Please allow 3-5 business days to process your request AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION