

## UNIVERSITY OF FORT LAUDERDALE

Office of the Registrar 4093 NW 16<sup>th</sup> Street Lauderhill, FL 33313

## TRANSCRIPT RELEASE FORM

☐ Please accept this si school listed below	gned form as authorization	on to send my official transcript to the
□ Please accept this si to me at the address li	•	on to send a student copy of my transcript
Full Name:		
Last	First	Middle
Student ID#	Da	ate of Birth:/
I attended your school	during the following year	nr(s):
Name and address of submit transcript	School/Organization to	Student's current mailing address
Student		
Signature:		Date:

There is a \$5.00 fee for each official transcript requested and \$3.00 fee for each student copy. 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