



# UNIVERSITY OF FORT LAUDERDALE

OFFICE OF ADMISSIONS  
4069 NW 16<sup>TH</sup> STREET, LAUDERHILL, FL 33313  
PHONE (954) 486-7728 FAX: (954) 486-7667  
WEB SITE: WWW.UFTL.EDU

## TRANSCRIPT REQUEST FORM

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Please accept this *signed form* as authorization to send my official transcripts to **University of Fort Lauderdale**.

**Full Name:**

\_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Student ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and Address of School Attended:**

**Dates I Attended Your School:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **To:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO. DAY YR. MO. DAY YR.

**Student's Current Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_