



UNIVERSITY OF FORT LAUDERDALE

Office of the Registrar
4131 NW 16th 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# _____ Date of Birth: ____/____/____

I attended your school during the following year(s): _____

Name and address of School/Organization to submit transcript	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
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