TRANSCRIPT REQUEST FORM

University of Central Florida
College *of* Medicine

INFORMATION

The University will NOT provide an official transcript to any student or alumnus until **financial obligations to UCF have been satisfied**. T**he University will not email or fax transcripts to recipients**. Transcripts not claimed within 30 days of printing will be discarded and must be reordered.

PERSONAL INFORMATION & TRANSCRIPT ORDER

Please type or print all sections below legibly or transcript processing will be delayed
(All contact information below is required)

Name (First, Middle/Maiden, Last) _____

Current Mailing Address _____ Telephone _____

City _____ State _____ Zip _____ Birthdate (MM/DD/YYYY) _____

METHOD OF DELIVERY *(please select one of the options below)*:

☐ I will pick up my transcripts. Number of transcripts to be picked up: _____ *(limit 3 per request)*
☐ 3rd Party Pick-up (if applicable): _____ I authorize the person named as 3rd party to pick up my transcripts (needs ID)
☐ Mail transcripts to my current mailing address. Number of transcripts to be mailed: ___ *(limit 3 per request)*

☐ ***Send Transcripts to the Address Listed Below*:**

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 another official transcript with the correct address. *(List additional addresses on separate sheet if necessary.)*

Name (First, Middle/Maiden, Last) _____ # of transcripts to be sent to this address _____

Mailing Address _____

City _____ State _____ Zip _____

(Optional) **Current Enrolled Students (check all that apply) HOLD UNTIL:**
☐ Current Grades are posted ☐ Degree is posted ☐ Grade change for: _____(course) is completed
☐ Name Change is completed

SIGNATURE

Student Signature _____ Date _____

Requests require Two (2) Business Days to process.
Be sure to sign above. UNSIGNED FORMS CANNOT BE PROCESSED! INCOMPLETE FORMS CANNOT BE PROCESSED!

Return completed form to:
College of Medicine Registrar's Office
6850 Lake Nona Blvd., Suite 115,
Orlando, FL 32816-0114
407.266.1373 | comregistrar@ucf.edu