



Request for College Transcripts

Please Print

Year(s) Attended College

Social Security #

Birth Date

Maiden Name

Last Name

First Name

Middle Initial

Name of College

Address

City of College

State

Zip Code

Signature

Date

Send Official Transcript to your campus:

<input type="radio"/> Boca Raton Main Campus Everglades University Registrar 5002 T-REX Avenue, #100 Boca Raton, FL 33431 Phone: (561) 912-1211 Fax: (561) 912-1191 (561) 982-8550	<input type="radio"/> Sarasota Branch Campus Everglades University Registrar 6001 Lake Osprey Drive, #110 Sarasota, FL 34240 Phone: (941) 907-2262 Fax: (941) 907-6634	<input type="radio"/> Orlando Branch Campus Everglades University Registrar 887 East Altamonte Drive Altamonte Springs, FL 32701 Phone: (407) 277-0311 Fax: (407) 482-9801
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For Office Use Only

1st Request

2nd Request

Phone Number _____ Amount of Fee _____ Check No. _____

Comments _____

*Most colleges require a processing fee.
To avoid delay in mailing, please check with your college before sending this request.*