



Request for High School Transcripts

Please Print

_____ Year Graduated

_____ Social Security #

_____ Birth Date

_____ Maiden Name

_____ Last Name

_____ First Name

_____ Middle Initial

_____ Name of High School

_____ Address

_____ City of High School

_____ 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	<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 schools require a processing fee.
To avoid a delay, please submit this request with the appropriate fee, if applicable.*