

# TRANSCRIPT /LETTER OF ~~STANDING~~ REQUEST FORM

Office of the Registrar 6441 E Colonial Drive Orlando, FL 32807

Phone: 321-206-5600 Fax: 321-206-5640

Current Student       Graduate ? graduation term \_\_\_\_\_       No longer enrolled

Date of Request: \_\_\_\_\_ BarryID/SSN: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Previous Last Name: \_\_\_\_\_

T.65PmBMCIC 2 T.6 1 Tf 80 0 9.96 468.34 599.26 Tm ( )Tj ET Q 83.904 598.06 128.78 0.48 re2l4\* n /P <</MCID 20 >>B

		Fee	Amount Due
	Official Transcript Only	\$10 Each	
	Unofficial Transcript	No Charge	N/A
	Letter of Academic Standing Only	No Charge	N/A
	Letter of Academic Standing with Class Rank*	No Charge	N/A
	Official Transcript, Letter of Academic Standing, & Class Rank* packet:	\$10 Each packet	
		<b>TOTAL DUE</b>	

Method of Payment:  Cash     Check     Credit Card\*\*

I request the transcript be:  Held for pick up     Mailed to the address below     Email to the address below

Name

Street Address

City, State, Zip

If left unchecked, the documentation will be sent immediately

Send immediately     Hold for Final Term Grades     Hold

any state bar will require a transcript with the degree

\*If requested class rank:  Hold for Final Term Grades

V H P H class rank (example) made request during protect

your right