



Transcript Request Form

To obtain a copy of your student transcripts, please send the completed form below to:

The University of Tampa
Office of the Registrar
401 W. Kennedy Blvd.
Tampa, FL 33606-1490

Please complete one request form for each addressee. All outstanding financial obligations to the University of Tampa must be satisfied before a transcript can be issued. Please enclose a check made out to The University of Tampa for \$6.00 per official transcript copy. Upon receipt, transcript requests by mail are processed within 5-7 business days. Official transcripts include both undergraduate and graduate work.

THE UNIVERSITY OF TAMPA
Office of the Registrar
401 W. Kennedy Blvd.
Tampa, FL 33606 -1490

Student ID Number: _____

Social Security Number: _____

Name While Attending: _____

Address: _____

City: _____

State, ZIP: _____

Telephone #: _____

_____ Number of copies of *Official* transcript(s) to be sent to address shown.

Send Transcript To:

Name: _____

Address: _____

City: _____

State, ZIP: _____

TRANSCRIPT REQUEST FORM

Approximate Dates of Attendance:
From: _____ To: _____

Choose one:
_____ Send now
_____ Hold for posting of degree
_____ Hold for posting of grades for (circle appropriate term below):
Fall Spring Summer I Summer II

Student Signature: _____
(Must be signed to process request)

Date: _____

Please enclose \$6.00 per official transcript copy. Checks, money orders or cash are accepted. Checks should be made payable to *The University of Tampa*.
* * * * *

FOR OFFICE USE ONLY:

Date Request Received: _____

Transcript Sent: _____

Amount: Paid/Due: _____