

UFID Number (if known) _____

Social Security Number _____

Last Name _____ First Name _____

Maiden/Other Names Used _____ Date of Birth _____ / _____ / _____

First/Last Enrollment Terms (MM/YY-MM/YY) _____ UF Degree(s) Earned _____ Location (campus, Continuing Ed, correspondence, other) _____

Current Mailing Address: _____
 Street _____ City _____ State _____ Zip _____

Daytime Telephone Number _____ E-Mail Address _____

Nonrefundable Transcript Fees

\$12 Per Transcript/Non-Enrolled Students (have not been registered for at least two terms)
 \$6 Per Transcript/Current Students (currently registered or were registered in the immediate prior term)
 Payment must be made at the time of the request.

- The quickest way to request a transcript is to order online at one.uf.edu with an active GatorLink account.
- Before ordering, verify that all updates include current term grades, grade changes and that degree remarks have been placed on your transcript by viewing your unofficial transcript on ONE.UF.
- Update your address (current local and permanent mailing) on the UF directory (my.ufl.edu > My Account > Update My Directory Profile) or send a written, signed request to update your address.
- Transcripts cannot be released until all UF financial obligations are satisfied. Orders not processed within 60 days will expire and all payments will be forfeited. A new order with payment will be required. If necessary, contact University Bursar, 113 Criser Hall, 352-392-0181.
- Transcript requests are processed within 5-7 business days and are sent through regular mail.
- If you were born prior to 1956, please allow 7-10 business days for a request to be processed and mailed.
- We cannot confirm the receipt of a request until it has been processed.
- If transcript is not received within 90 days of order, you will be required to purchase another transcript. Please verify with the recipient before the 90 day window expires.

I certify that I am the above-named student and authorize the release of my transcript to the address(es) below:

_____ Signature	_____ / _____ / _____ Date
1. _____	2. _____
_____	_____
_____	_____
_____	_____

Number of copies: _____

Number of copies: _____

Special Request: _____

Please exclude the following from my transcript: Social Security Number Gender Date of Birth

Enclosed please find \$ _____ based on transcript fee above. A check or money order payable in U.S. dollars to the University of Florida is enclosed for the full amount.

Mail your request to:
 Office of the University Registrar
Attn: Transcript Order
 PO Box 114000 / 222 Criser Hall
 Gainesville, FL 32611-4000

For questions, please contact the Office of the University Registrar at 352-392-1374

Persons with hearing impairments can call FRS # 1-800-955-8771 (TDD).