



**DIVISION OF ENROLLMENT MANAGEMENT**

Attention: Office of Admissions  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

*Please detach and complete as per instructions below*

Graduate Admissions

## Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college.

Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

*Thank you* for your prompt attention to expediting transcript request information.



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# Transcript Request Form

To: REGISTRAR

Date \_\_\_\_\_

\_\_\_\_\_  
*Name of College/University*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City and State*

\_\_\_\_\_  
*ZIP*

PLEASE SEND A TRANSCRIPT OF MY RECORD TO:

**BARRY UNIVERSITY**  
**Division of Enrollment Management**  
**Attn: Office of Admissions**  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

I attended your school from \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.) to \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.)

Name used while attending \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(for identification purposes)*

Full legal name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature \_\_\_\_\_

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