

**DIVISION OF ENROLLMENT SERVICES**  
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

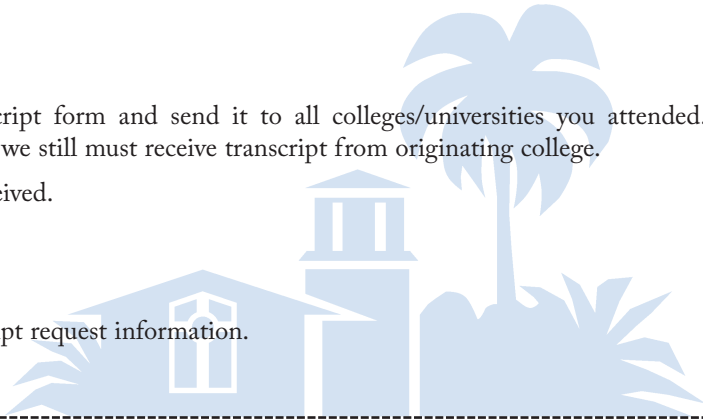
Dear Prospective Student:

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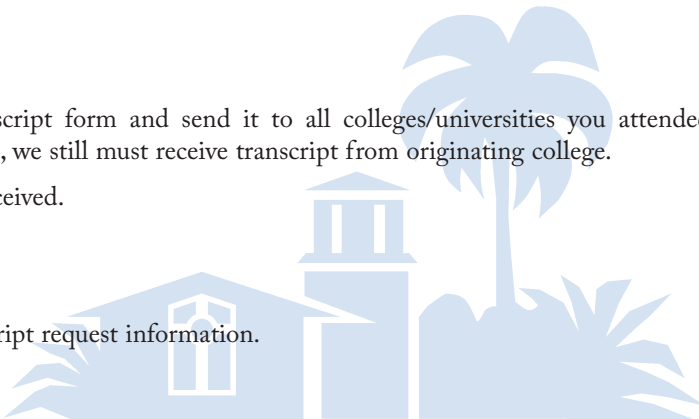
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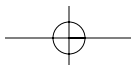
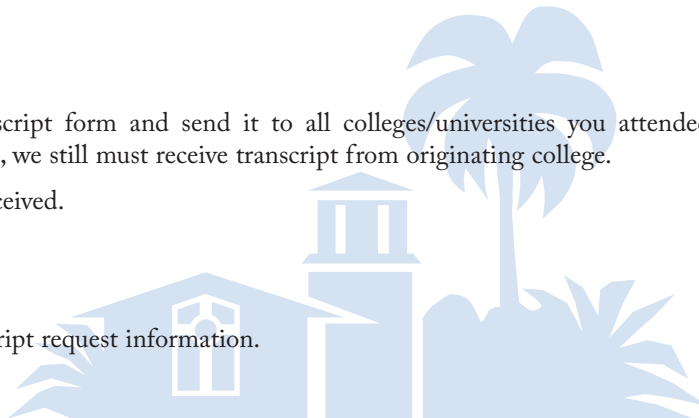
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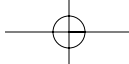
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# Transcript Request Form

To: REGISTRAR

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Postal Code

**PLEASE SEND A TRANSCRIPT OF MY RECORD TO:**

**BARRY UNIVERSITY**  
**Division of Enrollment Services**  
**Attn: Office of Admissions**  
11300 N.E. 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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