

Dwayne O. Andreas | School of Law

OFFICIAL TRANSCRIPT REQUEST FORM STATE BAR(S) ONLY

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

Phone: 321-206-5600

Fax: 321-206-5640

The University WILL NOT provide an official transcript to any student or alumnus who has not met his or her financial obligations to Barry University. Please allow 2 weeks for processing.

Type or print all sections below legibly or transcript processing will be delayed.

Date of Request:	Barry ID/SSN:
First Name:	Last Name:
Previous Name (if applicable):	
Telephone number:	Personal Email Address:
Dates of Attendance:	Graduation Date:
I request the official transcript to be se	ent to: (check as appropriate)
 [] Florida Bar of Examiners 1891 Eider Ct. Tallahassee, FL 32399 [] Out of State Bar (see below for action of the second of the	ddress) a (ex: Law School Certificate form) from your state's Board of Bar Examiners.
Name	
Street Address	
City, State, Zip	
If left uncheck, the documentation we [] Send Immediately [] H	ill be sent immediately. Hold for Degree Posting (any state bar will require a transcript with the degree)
I understand that my official transcript will prevent release of my transcript.	t will be delivered via the method selected and that any holds currently on my record
Student Signature Privacy Act: To prote	Date ect your right to privacy, transcripts will not be released without your signature

	OFFICIAL USE ONLY:
Date Processed:	
Comments:	