



11300 NE Second Avenue, Miami Shores FL 33161
Phone (305)899-3860*Fax. (305) 899-4871

REQUEST FOR OFFICIAL TRANSCRIPT

Unofficial copies of transcript available for current students via WebAdvisor

CHECK IF THIS TRANSCRIPT IS FOR ANY OF THE FOLLOWING PROGRAMS:

- Orlando School of Law
- Biscayne Paramedical
- Continuing Education Certificate
- Paralegal Studies Program

Date: _____

SSN should appear on this transcript Yes No

Barry ID or Social Security Number: _____

Please be aware of the following information before completing this form**:

- There is a fee of \$10.00 for each official transcript request sent.
- Payment Information must be completed below in order to process this request.
- **You must clear any remaining balances with the Cashier Business Office in order to be eligible to request transcripts.**
- **If the form is submitted while an outstanding balance is present, the request will NOT be processed and the form will be mailed back to you.**
- Transcript requests take 3-5 business days to process.
- Transcripts are sent via 1st Class Mail and the University cannot assume responsibility for final delivery.
- Transcripts that are not picked up within 2 weeks of request are mailed to address on file.

Current Name and Address – (any differences from our records will be updated to reflect the below.)

Salutation Last First Middle Maiden (if any)

Name under which you attended Barry University (If applicable)

Street Apt/Unit City, State, Zip Code Country, (if outside US)
Address

Daytime Phone where you can be reached Preferred Email Address

<p>Currently Enrolled? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you attend prior to 1989 <input type="radio"/> Yes <input type="radio"/> No</p> <p>What years did you attend? _____ to _____</p>	<p>When should Transcript be sent?</p> <p><input type="radio"/> Now</p> <p><input type="radio"/> After Current Term Grades Post(Term _____)</p> <p><input type="radio"/> After Degree is Posted(Term _____)</p>	<p>How?</p> <p><input type="radio"/> Pick Up</p> <p><input type="radio"/> Mail To Student</p> <p><input type="radio"/> Send Directly To</p>
--	--	--

Send Transcript To: (See reverse side of form to enter additional recipients)

Institution/Agency Name (Please refrain from using acronyms) Attn:

Street Bldg/Suite City State Zip Country (if other than U.S.)
Address Code

Special Instructions

****I have read and understand the information provided to me above. I am aware that Transcript(s) of Record are considered official documentation and is being forwarded on the condition that it cannot be released in whole or part to any other party without the written consent of the individual to whom it pertains, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).**

Signature of Student

Date

Payment Type (Cash/Check/Visa/MC/Amex) ONLY	
Credit Card / Check Number	
Total Transcripts Requested	
Total Amount Authorized	

Transcript Clerk: Issued By: _____ Date: _____

ADDITIONAL RECIPIENT(S)

<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>	<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>
<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>	<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>
<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>	<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>
<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>	<p>_____ Institution/Agency/Name</p> <p>_____ Attn:</p> <p>_____ Street Address</p> <p>_____ City State Zip</p> <p>_____ Country</p> <p>_____ Special Instructions</p>