

BARRY UNIVERSITY
OFFICE OF THE REGISTRAR
11300 NE 2ND AVENUE
MIAMI SHORES, FL 33161
TEL (305) 899-3866 OR 3860
FAX (305) 899-4871

REQUEST FOR TRANSCRIPT

PLEASE PRINT

(Social Security # OR Barry student ID number)

Indicate if SSN should appear on transcript: Yes No

1. **CURRENT NAME AND ADDRESS:** Mr. Ms. Mrs. Sr. Br. Rev. Dr.
(If address listed below is different from our database, our records will be adjusted to reflect this change)

(Last) (First) (Middle) (Maiden)

(Give name under which you attended Barry University, if applicable) (Daytime Telephone Number)

(Number and Street) (Apt. No.) (City) (State) (Zip Code)

E-mail address: _____

CURRENTLY ENROLLED: Yes No Years of attendance: From: _____ To: _____

CHECK IF APPLICABLE: ___ Planning to attend another university ___ No further plans for enrollment at Barry University

2. **THERE IS A FEE OF \$10.00 FOR EACH TRANSCRIPT *. SEND TRANSCRIPT (Please check one of more of the following):**
* Make checks payable to Barry University. Cash payment requires exact change

NOW AFTER DEGREE IS POSTED AFTER CURRENT TERM'S GRADES ARE POSTED (includes cycle terms)
Indicate term and course: _____ Indicate term: _____

3. **CHECK TYPE OF TRANSCRIPT REQUIRED:**

Student Copy PICK UP **: _____
 Official transcript sent to student in a SEALED ENVELOPE (Designee – must present valid photo I.D.)
 Official transcript to be sent directly to: ** Transcripts not picked up within 2 weeks will be mailed

Name of institution/agency (Please do not use acronyms for colleges/universities/agencies)

Attn: _____

Street _____

City _____ State _____ Zip _____

Special instructions: _____

Number of copies () See reverse side of this form for additional recipient addresses

4. **I UNDERSTAND THAT PROCESSING OF THE TRANSCRIPT REQUEST TAKES 3-5 BUSINESS DAYS AND THAT IF I HAVE A FINANCIAL OBLIGATION TO THE UNIVERSITY, MY REQUEST WILL NOT BE PROCESSED UNTIL THE OBLIGATION HAS BEEN CLEARED.**

SIGNATURE OF STUDENT

DATE

PLEASE NOTE: Transcripts are sent by 1st class mail. The University assumes no responsibility for final delivery. The Transcript of Record 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.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

TRANSCRIPT CLERK: Issued by & date: _____

ADDITIONAL ADDRESS(ES) OF OTHER RECIPEINT(S):

Name _____
Street _____
City _____
State _____ Zip _____
Special Instructions _____

Number of copies ()

Name _____
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State _____ Zip _____
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