



UNIVERSITY OF FORT LAUDERDALE

OFFICE OF ADMISSIONS
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WEB SITE: WWW.UFTL.EDU

TRANSCRIPT REQUEST FORM

Please accept this *signed form* as authorization to send my official transcripts to **University of Fort Lauderdale**.

Full Name:

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

Student ID#: _____

Date of Birth: ____ / ____ / ____

Name and Address of School Attended:

Dates I Attended Your School:

From: ____ / ____ / ____ To: ____ / ____ / ____
MO. DAY YR. MO. DAY YR.

Student's Current Mailing Address:

Student's Signature: _____ **Date:** _____