



Office of the Registrar
 3201 W Commercial Blvd Suite 127
 Fort Lauderdale, FL 33309
 Tel: 561-401-0000
 Fax: 305-751-9991

**OFFICIAL
 TRANSCRIPT
 REQUEST FORM**

PLEASE COMPLETE A SEPARATE FORM FOR EACH TRANSCRIPT REQUEST

REQUEST DATE: ___/___/___

PLEASE PRINT CLEARLY. COMPLETE ALL INFORMATION REQUESTED.

STUDENT NAME: _____
 FIRST MI LAST
 Name while attending Azure College: _____

CURRENT ADDRESS: _____

EMAIL: _____ PHONE: _____

AZURE ID: _____ SSN: XXX - XX - _____

Campus Attended: _____ Program: _____

Dates of Attendance: _____ to _____

Number of transcripts _____

DELIVERY INSTRUCTIONS:

- I will pick up transcript
- Mail transcript

IMPORTANT INFORMATION:

- ▶ Transcript request are \$10.00 per transcript. Non- refundable.
- ▶ First request free to graduates only.
- ▶ Please allow up 3- 5 business days for processing. May take longer if mailed.
- ▶ Transcript will not be furnished to a student or alumnus who has outstanding financial obligations.

TRANSCRIPT REQUEST WILL NOT BE PROCESSED WITHOUT SIGNATURE.



X

Send transcript requests via email to transcript@azure.edu

TRANSCRIPT REASON REQUESTED:

- EMPLOYMENT
- TRANSFER
- OTHER _____

MAILING INSTRUCTIONS FOR TRANSCRIPT:

ATTN: _____
 PREFIX LAST FIRST SUFFIX

ADDRESS: _____
 CITY STATE ZIP

PAYMENT OPTIONS: CASHIER CHECK OR MONEY ORDER MADE PAYABLE TO AZURE COLLEGE

- CREDIT CARD VISA MASTER CARD AMERICAN EXPRESS

I hereby authorize a charge to be made to my credit card to process my transcript request. Transcript Request are \$10.00 per transcript. Non- refundable.

Name as it appears on CC: _____

Card Number: _____

EXPIRATION DATE CVC AMOUNT

BILLING ADDRESS: _____

CITY STATE ZIP

SIGNATURE (required) _____ Date: _____

FOR OFFICE USE ONLY

Academic Review

- Academic standings: _____
- Graduation Date: _____
- Comment: _____

Finance Review

- FA clearance
- FA hold

DO NOT WRITE IN THIS SPACE

TRANSCRIPT ISSUED: Y / N

___/___/___ DATE INITIAL