

Received by: _____
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University of North Florida
Division of Continuing Education
NON-CREDIT TRANSCRIPT / CERTIFICATE OF COMPLETION REQUEST FORM

There is a \$8.00 charge for each copy of your transcript or Certificate.
Your request will be processed within 2 business days of receipt and payment.

Phone: (____) _____ **E-mail address:** _____

Name: _____
(Last) (First) (Middle Initial)

Previous Name: _____
(Last) (First) (Middle Initial)

Current Address: _____
(City) (State) (Zip code)

Course/Program Name(s): _____

Date(s) of Enrollment: _____

I would like to order _____ copies of my transcript.

I would like to order _____ copies of my Certificate of Completion.

To obtain:

- I will pick up my transcripts/Certificate of Completion.
- I am sending someone else to pick up my transcripts/Certificate of Completion*
- Mail my transcripts.

Please Indicate mailing address if different from above: _____

Payment type:

- Check
- Money order
- Credit Card Call our Customer Care Team at 904-620-4200 to pay by credit card.

*In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, as amended, a student's academic records are classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.

I give _____ permission to pick up my transcripts.
(This person's I.D. will be checked)

Student's Signature _____ Date _____