

Records & Registration Transcript Request Form

Send to: Cashier's Office

10501 FGCU Boulevard South Fort Myers, FL 33965-6565 Local (239) 590-7980 Fax (239) 590-7983 ORR@fgcu.edu

- You must have satisfied all financial obligations to the University before your transcript can be issued.
- There is a \$10.00 charge for each official FGCU transcript requested. Unofficial transcript is free of charge.
- Transcripts are normally mailed/ready for pickup within two working days after the request is received. During peak periods beginning or end of a term requests will be processed within three to four working days.
- <u>Fill out a request for each address to which you are sending copies.</u> Be sure to sign the bottom of the form. Transcripts cannot be issued without the student's written permission (FERPA, 1974).

| University Identification Number | Last Name | First | Middle/Maiden | |
|---|---|-------------------------------|--|--|
| Current Street Address/Apt Number | City/State/Zip | Name at time of enro | Name at time of enrollment (if different from above) | |
| Celephone Number | Email Address | Date of Birth | Last Term /Yr. Attended | |
| ranscripts will not be e-mailed or fax | ed to recipients. | | | |
| AM REQUESTING (Select one): | Official (\$10 each) Uno | fficial (Free) Number o | f Copies: | |
| Undergraduate coursework only/Bac | chelor's Degree Graduate co | ursework only/Master's Deg | gree All coursework | |
| Hold for Current Term Grades | Hold until Degree is posted | Process immediately | _ | |
| Transcript for pick-up (Unclaimed t | ranscrints will be shredded after | - 30 days of printing and r | nust be reordered with full navm | |
| 3 rd Party Pickup: | - | | | |
| I authorize the | person named above to pick up 1 | ny transcripts | | |
| • | signee above must present Photo rganization, or Person (Full addre | | f transcript is being mailed) | |
| | | | | |
| Street Address | | | | |
| City | State | Zip | | |
| | DCON. T-1 41:: 4 6 | orm to the Cashier's Office t | to pay for your request | |
| TO ORDER TRANSCRIPTS IN PE | KSON: Take this signed request to | of the cashier's Office | | |
| TO ORDER TRANSCRIPTS IN PE Bring paid receipt and this form to t | | · | to pay for your request. | |