

TRANSCRIPT REQUEST FORM

To: Trinity International University, South Florida Campus
 Student Records Office
 111 Northwest 183rd Street, Suite 500
 Miami, FL 33169

(305) 770-5232 (phone)
 (305) 770-5240 (fax)

Student Information:

Last _____ First _____ Middle _____ Maiden _____	Date of Birth: ____/____/____
Current Address: _____ _____ _____	Social Security #: _____
Telephone Numbers: (day) _____ (Evening) _____	Student ID # _____

School Attendance Information:

Check the school(s) of Trinity International University that apply:

- Trinity College
 Miami Christian College

Degree Granted: _____
 Date of Degree: ____/____/____

Transcript Request Information:

- Official Number of copies: _____ (there is a \$5.00 charge for each official transcript requested)
 Unofficial Number of copies: _____

Transcript Service Information:

- Normal Service (5-7 day processing)
 Rush (3 day processing) — \$10.00 additional charge
 Fax Service

Hold for degree posting
 Process now, do not hold for degree posting

Transcript disbursement Information:

- I will personally collect the transcript(s) on the following date: ____/____/____
 Please send the transcript(s) to the following:

**If you would like another transcript to be sent elsewhere,
 please fill out another form.**

Payment Information:

Amount: _____ Cash Check Money Order Credit Card: Visa MasterCard Discover AMEX

Number: _____
 Expiration Date: _____

Signature: _____ **Date:** _____

- I would like confirmation that my transcript has been sent.

- Official Number of copies: _____ Sent to: _____
 Unofficial Number of copies: _____
 Transcript sent - date: _____
 Request was unable to be processed. Reason: _____