



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REGISTRAR'S OFFICE

Foote-Hilyer Administration Center, Rm. 112

1700 Lee Hall Drive

Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@fam.u.edu

UNOFFICIAL TRANSCRIPT REQUEST FORM

INSTRUCTIONS

Please Note the following:

1. All financial obligations must be met before any unofficial transcript will be released.
2. Enter CORRECT mailing information (name, address and apartment number etc.) of where unofficial transcript will be delivered). We take no responsibility for incorrect mailing information.
3. Only completed and **signed** form will be processed.
4. Send completed and signed forms to: Office of the University Registrar, Florida A&M University, 112 FHAC, 1700 Lee Hall Drive, Tallahassee, Florida 32307-3200

Note This Unofficial Transcript Request Form is to be used by **current, alumni and former students**. Currently enrolled students may view your unofficial transcript via **iRattler** using their student ID and password.

STUDENT INFORMATION

PRINT FULL NAME: _____ , _____ , _____ , _____
(LAST) (FIRST) (MIDDLE Int.) (MAIDEN)

STUDENT ID or SSN #: _____ DATE OF BIRTH: MM / DD / YYYY

Phone: () _____ - _____ Email Address: _____

ATTENDANCE

Currently Enrolled Student Year First Attended: _____ Year Last Attended: _____

Degree(s) Awarded: _____ Date Graduated: _____

List other name(s) used at time of enrollment: _____

PAYMENT INFORMATION

(Please do not send cash through mail.)

- 1.) The transcript fee is \$2.00 each. 2.) Payment method: ATM/Debit or Credit Card (Visa/Master) Cash
 Money Order or Cashier's Check (**Made payable to Florida A&M University**)

Total number of copies requested _____ @ \$2.00 each TOTAL PAYMENTS _____

PLEASE CHECK ONE OF THE FOLLOWING BELOW FOR RETRIEVAL

- Will Pick Up Authorized to Pick Up: _____ **➔ With Photo ID At Time Of Pick Up**
 Mail Now Mail After Current Semester Grade(s) are Posted Mail After Degree is Posted Mail After Grade Change(s) are Completed (specify below)

Course: _____

MAIL UNOFFICIAL TRANSCRIPT TO NAME AND ADDRESS BELOW

If transcripts are to be sent to more than one address, please list names and addresses of recipients on separate sheet and attach to this form and include signature.

1st Recipients
 Address: _____
 Name _____

 Address _____

 City State Zip _____

2nd Recipients
 Address: _____
 Name _____

 Address _____

 City State Zip _____

Student's Signature _____

Date _____