

Mail your request

1. Please note;
 - All financial obligations must be met before any transcript will be released.
 - CORRECT mailing information (name, address and apartment number etc.) of where transcript will be delivered) is required. The Registrar's Office will not be responsible for incorrect delivery information.
 - Only completed and signed form will be processed.
2. To mail your request please complete the form ([click here to complete form](#))

STUDENT INFORMATION

PRINT FULL NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

STUDENT ID NUMBER: _____ DATE OF BIRTH:

<small>MM</small>	<small>DD</small>	<small>YY</small>	<small>YY</small>	<small>YY</small>	<small>YY</small>

STUDENT ADDRESS: _____
Street Address Apt. #

_____ City State Zip Code

Phone: () _____ - _____ Email Address: _____

ATTENDANCE

Currently Enrolled Student Year First Attended: _____

Degree(s) Awarded: (List below) Year Last Attended: _____

_____ Date Graduated: _____

3. Mail completed form to the address below:

Office of the University Registrar
 Florida A&M University
 112 FHAC, 1700 Lee Hall Drive
 Tallahassee, Florida 32307-3200

4. Payment information: Payment may be made only by Cashier's Check or Money Order payable to Florida A&M University. Transcript fee is \$10.00 each.
5. Delivery Method: You may chose any one of the following;

Please check one of the following

- | | |
|---|--|
| <input type="checkbox"/> Will Pick Up
<input type="checkbox"/> Hold for Current Semester Grades to be Posted
<input type="checkbox"/> Hold for Grade Change (specify below) | <input type="checkbox"/> Mail Now
<input type="checkbox"/> Hold for Degree to be Posted
<input type="checkbox"/> Other (specify below) |
|---|--|

Course _____

6. Recipients: If transcripts are to be sent to more than one address, please list names and addresses of recipients on separate sheet and attach to the form
7. Signature: Signed consent to release your transcript is required. Only signed requests will be processed