



Request for High School Transcripts

Please Print

Year Graduated

Social Security #

Birth Date

Maiden Name

Last Name

First Name

Middle Initial

Name of High School

Address

City of High School

State

Zip Code

Signature

Date

Send Official Transcript to your campus:

☐ **Boca Raton Main Campus**
Everglades University Registrar
5002 T-REX Avenue, #100
Boca Raton, FL 33431
Phone: (561) 912-1211
Fax: (561) 912-1191
(561) 982-8550

☐ **Sarasota Branch Campus**
Everglades University Registrar
6001 Lake Osprey Drive, #110
Sarasota, FL 34240
Phone: (941) 907-2262
Fax: (941) 907-6634

☐ **Orlando Branch Campus**
Everglades University Registrar
887 East Altamonte Drive
Altamonte Springs, FL 32701
Phone: (407) 277-0311
Fax: (407) 482-9801

For Office Use Only

☐ 1st Request

☐ 2nd Request

Phone Number _____ Amount of Fee _____ Check No. _____

Comments _____

Most schools require a processing fee.

To avoid a delay, please submit this request with the appropriate fee, if applicable.