

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

Processed by \_\_\_\_\_  
Date \_\_\_\_\_

University of North Florida  
Division of Continuing Education  
**NON-CREDIT TRANSCRIPT / CERTIFICATE OF COMPLETION REQUEST FORM**

There is a \$8.00 charge for each copy of your transcript or Certificate.  
Your request will be processed within 2 business days of receipt and payment.

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Previous Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Current Address:** \_\_\_\_\_  
(City) (State) (Zip code)

**Course/Program Name(s):** \_\_\_\_\_

**Date(s) of Enrollment:** \_\_\_\_\_

I would like to order \_\_\_\_\_ copies of my transcript.

I would like to order \_\_\_\_\_ copies of my Certificate of Completion.

**To obtain:**

- I will pick up my transcripts/Certificate of Completion.
- I am sending someone else to pick up my transcripts/Certificate of Completion\*
- Mail my transcripts.

Please Indicate mailing address if different from above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment type:**

- Check
- Money order
- Credit Card Call our Customer Care Team at 904-620-4200 to pay by credit card.

\*In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, as amended, a student's academic records are classified as confidential and may not be released to anyone other than the student without the student's written authorization and signature.

I give \_\_\_\_\_ permission to pick up my transcripts.  
(This person's I.D. will be checked)

---

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_