Vision International University of Florida

1907 Sharpsbury Drive · Euless, TX 76040 · Phone: 817-835-0531 · Fax: 817-835-0536

REQUEST FOR STUDENT TRANSCRIPT

1) Type or PRINT all information. **2)** Official transcripts may be sent to another college or potential employer.
3) This request must have the student's signature. **4)** Transcripts may take up to 4-6 weeks for delivery.
5) Each transcript requested is $10.00.

Student Information

Name:	
Address:	
City, State & Zip:	
SSN:	
Phone #:	
Name of Resource Center:	
Graduation Date & Year:	
Degree Received:	

Send Official Transcript to **Number of Copies** _____

Institution/ Organization:	
Attention To:	
Address:	
City,State & Zip:	

Send Unofficial Transcript to **Number of Copies** _____

Name:	
Address:	
City,State & Zip:	

Authorization of Payment: ☐ I authorize VIUF to charge my credit card $10 for each transcript requested.

Credit Card Number: | | | | | | | | | | | | | | | |

Exp (mm/yy) | | | | |

CVV (3-digit) | | | |

Payment Total $_____

Student Signature _____ Date _____