

Universal Academy of Florida
6801 Orient Road, Tampa, FL 33610
813-664-0695 Fax: 813-664-4506 Website: www.uaftampa.org Email: uaf@uaftampa.org

Transcript Request Form

Date of Request: _____ Grade: _____ Expected Graduation Date: _____

Student Name: _____

Student Address: _____

Student's Cell/Phone #: _____ Student's Email: _____

If you attended a previous high school, please provide the name and location of: _____

If you are a previous student, what year did you graduate? _____ or last year of attendance? _____

Type of Request: School/College/University _____ Dual Enrollment _____ Early Admissions _____
Unofficial _____ Personal _____ Other _____

Name of School/College/University receiving the transcript: _____

The Office of Admissions address of the School/College/University receiving the transcript: _____

Would you like the transcript to be mailed to the School/College/University? _____ Or do you prefer to pick up the transcript and deliver it yourself? _____

Special Instructions:

Please Note: The Official Transcript placed in a sealed envelope is no longer official if the envelope has been opened.

Student Signature: _____



For office use only:

Date given to Guidance Counselor/Administrator for review and signature _____

Date transcript mailed _____ or date transcript picked up _____