



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Transcript Request Form**

**2016 – 2021 Graduates / Inactive Students**

**Registrar’s Email: [Nancy.Alexander@Browardschools.com](mailto:Nancy.Alexander@Browardschools.com)**

**REMINDER: Don’t forget to send in your picture ID**

**Please fill out numbers 1 – 7**

1. Date \_\_\_\_\_
2. Last Name \_\_\_\_\_
3. First Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Student # \_\_\_\_\_
6. Phone # \_\_\_\_\_
7. Last Year you attended McArthur \_\_\_\_\_

**3 School Days to Process Request**

**How do you want us to process your transcript request?  
You may select more than one option**

I want my transcript emailed (**FREE of Charge**) \_\_\_\_\_

I want my transcript sent those these school(s) (**FREE of Charge**)

- |  |   |
|--|---|
| <input type="checkbox"/> BROWARD COLL                          | <input type="checkbox"/> UM                                   |
| <input type="checkbox"/> MIAMI DADE COLL                       | <input type="checkbox"/> UNF                                  |
| <input type="checkbox"/> FIU                                   | <input type="checkbox"/> BARRY                                |
| <input type="checkbox"/> UF                                    | <input type="checkbox"/> VALENCIA COMMUNITY COLLEGE           |
| <input type="checkbox"/> FSU                                   | <input type="checkbox"/> ST. THOMAS UNIVERSTIY                |
| <input type="checkbox"/> UWF                                   | <input type="checkbox"/> STETSON UNIVERSITY                   |
| <input type="checkbox"/> FGCU                                  | <input type="checkbox"/> JACKSON UNIVERSITY                   |
| <input type="checkbox"/> UCF                                   | <input type="checkbox"/> DAYTONA BCH COMMUNITY (Campus _____) |
| <input type="checkbox"/> USF                                   |   |
| <input type="checkbox"/> FAU                                   |   |
| <input type="checkbox"/> HILLSBOROUGH COMMUNITY (Campus _____) |   |
| <input type="checkbox"/> PALM BEACH COMMUNITY (Campus _____)   |   |

I want my transcript to be mailed (**\$2 Fee paid upfront ONLINE**)

**College Name / Your Name** if mailed directly to you \_\_\_\_\_

**Department (if Applicable)** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

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