



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Transcript Request Forms for

2015 – 2020 Graduates / Inactive Students

Registrar’s Email: Yisenia.Diosa@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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