



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Transcript Request Forms for

2016 – 2021 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**)

- | | |
|---|--|
| ___ BROWARD COLL | ___ UM |
| ___ MIAMI DADE COLL | ___ UNF |
| ___ FIU | ___ BARRY |
| ___ UF | ___ VALENCIA COMMUNITY COLLEGE |
| ___ FSU | ___ ST. THOMAS UNIVERSTIY |
| ___ UWF | ___ STETSON UNIVERSITY |
| ___ FGCU | ___ JACKSON UNIVERSITY |
| ___ UCF | ___ DAYTONA BCH COMMUNITY (Campus _____) |
| ___ USF | |
| ___ FAU | |
| ___ HILLSBOROUGH COMMUNITY (Campus _____) | |
| 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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