



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Transcript Request Forms for

2015 – 2020 Graduates / Inactive Students

Registrar’s Email: Yisenia.Diosa@Browardschools.com

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 to pick up my transcript **ONE COPY = \$2.00** **TWO COPIES = \$4.00**
- I want my transcript emailed (**FREE of Charge**) _____
- I want my transcript sent those these school(s) (**FREE of Charge**)
- | | |
|---------------------------------------|---|
| ___FIU | ___UNF |
| ___UF | ___BARRY |
| ___FSU | ___VALENCIA COMMUNITY COLLEGE |
| ___UWF | ___ST. THOMAS UNIVERSTIY |
| ___MDC | ___STETSON UNIVERSITY |
| ___FGCU | ___JACKSON UNIVERSITY |
| ___UCF | ___DAYTONA BCH COMMUNITY (Campus _____) |
| ___USF | |
| ___FAU | |
| ___UM | |
| HILLSBOROUGH COMMUNITY (Campus _____) | |
| PALM BEACH COMMUNITY (Campus _____) | |

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

College Name / Your Name if mailed directly to you _____

Department (if Applicable) _____

Street Address _____

City, State, Zip Code _____