



- Fort Lauderdale** - 2000 W. Commercial Blvd., Suite 200
Fort Lauderdale FL 33309 - (954) 492-5353
- Gainesville** - 7001 N.W. 4th Blvd.
Gainesville, FL 32607 - (352) 335-4000
- Miami** - 9300 S. Dadeland Blvd., Suite 200
Miami, FL 33156 - (305) 666-9242
- Hollywood** - 6565 Taft St., Suite 200
Hollywood, FL 33024 - (954) 744-1777
- Altamonte Springs** - 177 Montgomery Rd.
Altamonte Springs, FL 32714 - (407) 831-9816

TRANSCRIPT REQUEST

Student, please complete **Parts I & II**

Part I

To: Office of the Registrar, _____
Name of Institution

Address

City State Zip

I have enrolled at City College and request that an official copy of my transcript be sent as soon as possible to:

- | | | |
|---|---|---|
| <p>City College
ATTN: Registrar</p> <p><input type="radio"/> 2000 W. Commercial Blvd., Suite 200
Fort Lauderdale FL 33309
(954) 492-5353</p> | <p>City College
ATTN: Registrar</p> <p><input type="radio"/> 7001 N.W. 4th Blvd.
Gainesville, FL 32607
(352) 335-4000</p> | |
| <p>City College
ATTN: Registrar</p> <p><input type="radio"/> 9300 S. Dadeland Blvd., Suite 200
Miami, FL 33156
(305) 666-9242</p> | <p>City College
ATTN: Registrar</p> <p><input type="radio"/> 6565 Taft St., Suite 200
Hollywood, FL 33024
(954) 744-1777</p> | <p>City College
ATTN: Registrar</p> <p><input type="radio"/> 177 Montgomery Rd.
Altamonte Springs, FL 32714
(407) 831-9816</p> |

Signature of Student

Date of Request

* * * * *

Part II

Name of Student Name (if different) when attending the school named above.

Social Security Number Date of Birth Year of Graduation Approximate Dates of Attendance



Part III To be completed by receiving institution

Name of Student Class Start Date

Major Admissions Representative