



FTU Transcript Request Form

GRADUATE INFORMATION:

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

E-Mail: _____ Phone: _____

Graduation Date: _____ BS ___ BBA ___ MBA ___ Certificate ___

Payment Information:

1. Financial obligations to Frederick Taylor University must be cleared before Official Transcript can be released.
2. Processing fee is \$25.00 for each transcript. All requests will be processed within three business days after receipt of payment. The Registrar's Office will forward all requests to receiver by regular mail. No transcripts may be sent electronically or by fax.

Methods of Payment:

- Personal Check
- Certified Check or Money Order
- Visa _____ MasterCard _____ Credit Card # _____
Issued By _____ Expiration Date _____

For payment by Visa or MasterCard, please send your credit card information to fax # 925-376-0908.

Please send my Transcript to the Name and Address Below:

Institution / Student Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Student's Signature: _____ **Date:** _____