

UWF ID Number: _____

**TRANSCRIPT REQUEST
FORM**



OFFICE OF THE REGISTRAR

Bldg 18: 11000 University Parkway, Pensacola, FL 32514

Phone: 850.474.2244

Fax: 850.473.7345

E-mail: registrar@uwf.edu

Please provide an official UWF transcript for the student listed below. The student's written release is provided in support of this request.

UWF ID Number: _____ Student Name: _____

UWF Email: _____ Phone: _____

Transcript is needed for:

- Accreditation Review
- Scholarship / Fellowship
- Employee Personnel File
- UWF Sponsored Exchange Program

Employee Personnel File

Please forward this transcript as soon as possible to:

Title: _____ UWF Department: _____

Building/Room Number: _____

UWF Staff Name: _____

Staff Signature Date

STUDENT RELEASE

I hereby authorize The University of West Florida to release an official transcript to the office listed above. I understand that the transcript is for departmental use only. I understand that any financial obligations to the University will prevent the processing of my transcript request.

Student Signature Date

REGISTRAR (Office Use Only)

Effective Semester/Catalog Year: _____ Initials/Date: _____