

**Request for Official Transcript**

Student ID Number: _____		Date of Birth: _____	
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>	
Name used while enrolled at Cambridge: _____			
Address: _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Telephone: (____) _____			
NUMBER OF COPIES REQUESTED: _____ <i>(\$5.00 FOR EACH COPY)</i>		Send transcript: <input type="checkbox"/> Will pick up (Photo ID Required) <input type="checkbox"/> Send Now	
ADDRESS TRANSCRIPT TO THE FOLLOWING: <small>(Complete this only if transcript is being mailed)</small>			
Name/College/Agency: _____			
Attention: _____			
Address: _____			
City: _____		State: _____ Zip : _____	
<ul style="list-style-type: none"> <li>\$5.00 for <i>each copy</i> <i>(checks should be made payable to Cambridge College or Cambridge Institute depending on campus – see above header)</i></li> <li>Complete a separate request form for each address to which you are sending transcripts.</li> <li>Request form must be signed or they will not be honored.</li> <li>Transcripts will not be released if all financial obligations to Cambridge are not met.</li> <li>Please allow 3-5 business days from the date request is received for processing. If requests are made during Holidays, requests may take longer.</li> </ul>			
THIS SIGNED FORM AUTHORIZES CAMBRIDGE COLLEGE/INSTITUTE TO RELEASE A COPY OF MY OFFICIAL TRANSCRIPT.			
_____		_____	
<b>Student's Signature (Required)</b>		<b>Date</b>	

**MAIL REQUEST FORM AND PAYMENT TO CAMPUS ATTENDED:**

5150 Linton Blvd., Suite 340 Delray Beach, FL 33484 (P)561-381-4990 (F)561-381-4992	5669 Peachtree Dunwoody Rd., Suite 100 Atlanta, GA 30342 (P)404-255-4500 (F)404-255-4503	460 Altamonte Drive, 3 <sup>rd</sup> Floor Altamonte Springs, FL 32701 (P)407-265-8383 (F)407-265-8384
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