



REQUEST FOR OFFICIAL PBCC TRANSCRIPT

Complete a separate request form for each address to which you are sending transcripts.
 Your signature is required for each transcript request.
 Request forms must be mailed. Fax or telephone requests will not be honored.

SEND TRANSCRIPT TO:	_____ _____ _____ _____ _____
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STUDENT NAME, ADDRESS, TELEPHONE NO.	_____ _____ _____ _____ _____
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Processed	By _____

FOR STUDENT USE ONLY. COMPLETE TO INSURE PROPER IDENTIFICATION.

STUDENT ID	
DATE OF REQUEST	CURRENTLY ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CANDIDATE FOR A DEGREE THIS SEMESTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOUR NAME HAS CHANGED SINCE YOUR RECORD WAS ESTABLISHED, PLEASE PRINT ORIGINAL NAME	
YOUR BIRTHDATE	<input type="checkbox"/> SEND TRANSCRIPT NOW
NUMBER OF COPIES TO BE SENT _____	<input type="checkbox"/> SEND TRANSCRIPT AT END OF SEMESTER WHEN FINAL GRADES ARE POSTED
STUDENT SIGNATURE _____	

MAIL REQUEST TO YOUR HOME CAMPUS LOCATION:

PBCC
 Registrar's Office
 1977 College Drive
 Belle Glade, FL 33430

PBCC
 Registrar's Office
 3000 Saint Lucie Avenue
 Boca Raton, FL 33431

PBCC
 Registrar's Office
 4200 Congress Avenue
 Lake Worth, FL 33461

PBCC
 Registrar's Office
 3160 PGA Boulevard
 Palm Beach Gardens, FL 33410

*** There is **no fee** for official transcripts. ***