Today’s Date: ___________  Current Grade/Graduation Year: ___________

Student Name: _______________________________________________________

Person requesting record (if different): ____________________________________

Email (not pkyonge.ufl.edu address) _____________________________ Phone: ______

Type of Record Requested: _____________________________________________

Please send my records to (circle one):

- College  - Scholarship  - School  - Employer  - Student/Parent/Guardian*  - Other

Recipient Name: ______________________________________________________

Address/Fax: _________________________________________________________

Please send my records by (check all that apply):

- Pick Up Unofficial** Transcript – Student or Parent/Guardian Only
- Regular US Mail (first 5 transcripts are free, $5 assessed for each transcripts after the 5th)***
- Electronic transfer – no fee (via F.A.S.T.E.R. or SPEEDE/EXPRESS only)
- Fax (if available) – no fee – Faxed transcripts are automatically unofficial.

Common App, Coalition, SendEDU — DO NOT FILL OUT THIS FORM
Portals notify your counselor, transcripts are sent on your behalf.

Note: It is the responsibility of the student/parent to verify that records have been received.

By signing this form, I hereby authorize P.K. Yonge to release my requested records to the above-named party. I understand that this authorization can be revoked at any time upon subsequent written request. Unless otherwise noted, permission is granted to forward test scores including, but not limited to: SAT, PSAT, SAT subject tests, ACT, & AP exams.

Signature: ___________________________ Date: ___________________________

*Parent/guardian may not sign to authorize release of records if student is over 18 years of age.
**All transcripts must be sent directly from P.K. Yonge by mail or electronic transfer to be official. Faxed or hand-delivered transcripts are considered unofficial copies.
***A fee of $5 will be assessed for every transcript sent via US Mail after the 5th transcript – exact cash, or check made payable to the University of Florida, preferred.

OFFICE USE ONLY:

Date received: _________ Date of completion: _________ Completed by: __________. Payment method _________.