



Universidad FLET Transcript Request Form

Please remit transcript request to:

Universidad FLET
14540 SW 136 Street, Suite 108
Miami, FL 33186
FAX: 305-232-5832

Official transcripts may be issued to students ONLY in a signed/sealed envelope. If your records are held for any reason, transcripts requests will not be processed. Please submit a new request when your records are cleared. Express processing requires a fee of \$15 per transcript.

Fee:

Regular processing @ \$5 each x # copies _____ = \$ _____ (7-10 business days)
Express processing @ \$15 each x # copies _____ = \$ _____ (5-7 business days)

Payment:

Cash Check
 Credit card (Visa, Mastercard, or American Express)
Credit card # _____ Exp. Date: _____

Last name: _____ First: _____ Middle: _____

FLET ID: _____ Date of birth: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____ Country: _____

Address where transcript is to be mailed (please list additional request on back of form)

Institution or Company: _____

Person and/or Department: _____

Address: _____

City, State, Zip, Country: _____

Check appropriate criteria below:

Program attending/attended: Bachelor's Master's
 Send transcript immediately OR Hold for current final grades

Signature (required): _____