



**TANEJA COLLEGE OF PHARMACY  
TRANSCRIPT REQUEST FORM  
\$5.00 per copy\*\***

Student ID Number \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Date of Birth

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone Number

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E-mail Address

Number of copies requested: \_\_\_\_\_

Class of \_\_\_\_\_

Please select preference:

\_\_\_\_\_ Pick-up

\_\_\_\_\_ Send immediately

\_\_\_\_\_ 1<sup>st</sup> Class Mail

\_\_\_\_\_ Hold for current term grades

\_\_\_\_\_ Expedited Mail

\_\_\_\_\_ Hold for degree conferral

Send to: \_\_\_\_\_

\_\_\_\_\_  
City

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State

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Signature

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Date

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***Requests will not be processed without a written signature. Transcripts will not be provided for any student who has an outstanding financial obligation to the University.***

Return completed form to: Records and Registration Office in MDC 1117, fax to (813) 905-9890, or mail it to the Taneja College of Pharmacy at the address below.

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