



Official Transcript Request
ERAU- Worldwide
Office Of Enrollment Management
600 Clyde Morris Blvd.
Daytona Beach, FL 32114-3900
1 (866) 393-9046 or Fax: 1(386) 226-6984

FOR OFFICE USE ONLY

Rec. No. _____ Amt. _____

Date Mailed _____ By _____

Please complete all information requested, *print, sign and fax* to ensure prompt processing of your request:

NOTE: The transcript fee is \$5.00 per copy. Please forward transcript fee(s) with your request to the above address. If faxing your request, you may follow-up with the fee by mail to the address above or contact the Office of Enrollment Management to pay by credit card. You may also pay online through the ERAU-Online (Blackboard/ERNIE) portal services – or go to our [online payment](#) site.

Please type or clearly print your name as listed on our records along with your current address below:

Please check here if your mailing address has changed.

 First Middle/Maiden Last

E:mail Address: _____

 Mailing Address

Student ID#: _____
 (ERAU ID or Last 4 Digits of SS#)

Date of Birth (M/D/Y): _____

 City State Zip

Day Phone No. () _____
 Area Code

Last Date of Attendance with ERAU: _____ Location of Last Attendance: _____

If currently attending ERAU and you would like your transcript held to reflect the following, please check the appropriate boxes.

Hold for:

Grade Posting for _____
 (Term Dates)

Graduation / Anticipated Graduation Date: _____

Total Number of Transcripts Requested: _____

Type or clearly print the name and address of transcript recipient(s).

 Name

 Name

 Address

 Address

 City/State/Zip

 City/State/Zip

Student Signature