



REQUEST FOR OFFICIAL TRANSCRIPT

OFFICE OF RECORDS & REGISTRATION, Daytona Campus

Web: www.erau.edu/dbrecords

Phone: 386-226-6030

Fax: 386-226-6335

FOR OFFICE USE ONLY:	
PAYMENT RECEIVED BY:	_____
AMOUNT:	_____
DATE:	_____

NAME: _____ STUDENT #: _____ DATE OF BIRTH: _____
Or Social Security Number

CURRENT ADDRESS: _____

PHONE NUMBER and E-MAIL: _____

I AM: Currently Enrolled Not Enrolled MY LAST DATE OF ATTENDANCE WAS: _____

HOLD FOR FINAL GRADES HOLD FOR GRADUATION

NUMBER OF COPIES @ \$5 EACH: _____ METHOD OF PAYMENT: CASH CHECK MONEY ORDER
 ONLINE (PLEASE FAX OR MAIL YOUR RECEIPT) EAGLE DOLLARS

MAIL TRANSCRIPT TO: _____

CITY STATE ZIP PHONE

NOTICE: Transcripts will not be provided for any student whose financial obligations to the university have not been met. ALL financial obligations to the University must be paid before the transcript is mailed. For more information about your account, contact the Bursar's Office at (386) 226-6285.

STUDENT SIGNATURE _____ REQUEST DATE _____ DISTRIBUTION: W – R&R Y – Student