**Cambridge International Examination Results Transcript Request Form**

This form should be used for sending official results directly to the university (not to you) that you will attend. Requests will be processed in the order in which they are received. Please type and complete all sections. If form is incomplete, it will not be processed.

You may send your Request Form in one of two ways (by 30 April, if possible):

1. Mail to: Cambridge Transcript Request, P.O. Box 9232, Panama City Beach, FL 32417. Do not send by overnight, priority or registered mail; **OR**
2. Email to: cambridge.transcript@gmail.com

**Last Name:**

**First Name: Middle (if applicable):**

**Your mailing street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip code:**

**Phone #: Email address:**

**Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduation year:**

**Full Name of High School:**

US569

**Candidate Number (xxxx) : Cambridge Center # of High School (Uxxxx):**

**(See bottom of your results certificate for candidate and Cambridge Center # or contact your high school Cambridge AICE Coordinator for this information.) If you had more than one candidate #, please list other here:**

**Please list EACH testing year and series (Spring or Fall) of requested results (e.g. Spring 2014, Fall 2013, Spring 2013)**

**Full Name of University to send results:**

**University Contact Name or office (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University Office Mailing Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*not required for FAU, FGCU, FSU, UCF, UF,**

**UNF, USF or UWF)**

**Student’s Signature (REQUIRED if over 18 years. If under 18, a parent / guardian signature is required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_**

**I confirm that I am not submitting an enquiry on the results requested on this form. (Put your initials in box:) \_\_\_\_\_\_\_**

**Parent or Guardian Signature\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Printed Name\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*REQUIRED if Student under 18 years of age**