

# MIAMI DADE COLLEGE TRANSCRIPT REQUEST FORM

STUDENT NAME \_\_\_\_\_

STUDENT ID NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### SPECIFY COURSES TO BE INCLUDED IN TRANSCRIPT:

- COLLEGE CREDIT
- VOCATIONAL CREDIT
- NON CREDIT
- ALL COURSES

Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

AR 234 (Rev 11/07)

## \$5.00 FEE PER TRANSCRIPT REQUEST

PRINT BELOW THE NAME AND ADDRESS OF THE PERSON OR INSTITUTION TO RECEIVE THE TRANSCRIPT.

NAME \_\_\_\_\_

Attention (if applicable): \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NOTE: Transcript will only be sent upon written or official web request by student and after payment of transcript fee(s). No transcript of a student's record will be furnished for a student or alumnus whose records are incomplete or whose financial obligations to the College have not been satisfied. One week processing time is normally required to process a request. If transcript is being mailed to another educational institution, a specific office should be designated.

Please indicate the main reason why you are requesting a transcript. Thank you for your cooperation.

- I have graduated and I am transferring to another institution.
- I have NOT graduated but I am transferring to another institution.
- I need it for employment purposes.
- I need it for insurance purposes.
- I need it for licensing and/ or certification purposes.
- I need a copy for myself.
- Other, Please specify: \_\_\_\_\_

REQUEST  
REC'D BY \_\_\_\_\_

I.D. CHECK  
\_\_\_\_\_

OBL. CHECK  
\_\_\_\_\_

TRANSCRIPT WAS MAILED

BY \_\_\_\_\_

DATE \_\_\_\_\_