



Foreign-Trained Professionals Program
300 NE 2nd Avenue., Miami, FL 33132 | phone: 305-237-3810 | Email: FTP@mdc.edu

RECORDS FORM

Student Name: _____

MDC ID#: _____

Date of Birth: _____

Contact Number: _____

Address _____

E-mail Address: _____

Academic History: *List all postsecondary institutions/universities attended. Please include Name, Country, Degree Status (Completed or Not Completed)*

By means of this form, I authorize _____ to release the private protected information designated in the checked boxes below ***to Miami Dade College:***

- Postsecondary or University Foreign Transcript Evaluation (*Course-by-Course*)
- Postsecondary or University Foreign Transcript Translation
- Other (*please specify*): _____

By signing below, I certify that all of the information provided on this form is complete, factually accurate, and honestly presented. I further understand that the resulting evaluation is advisory and is not binding upon Miami Dade College. I agree that **all** evaluations of postsecondary, University credentials paid for by the Program ***must be sent to the College*** directly from an organization belonging to the National Association of Credential Evaluation Services ([NACES](#)). This authorization is valid for one year from the date I sign this release when presented with appropriate identification.

Signature: _____ **Date:** _____

Must include a valid picture ID with submission release form

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