

Transcript Processing Services

11011 SW 104th Street, Room R301 Miami, FL 33176-3393

TRANSCRIPT REQUEST FORM FOR ACTIVE DUTY AND VETERAN STUDENTS

In accordance with Florida Statute 1009.26(17)(a), transcript fees shall be waived for active duty member or an honorably discharged veteran of the United States Armed Forces and his or her spouse and dependents.

Student Name:		
MDCID:		
Date of Birth:		
Contact Number:		
E-mail Address:		
Specify courses to be	included on transcript:	
College Credit Vocational Credit		
☐ Non Credit ☐ All Courses		
•	ial transcript before submitting your request to ensure grades and/or degree l	nave been posted.
Signature:	Date:	
Must attach a valid pic	ture ID with transcript request with any of the following (please do	onot send
Military ID/Common A	ccess Card):	
•	•DD214	
	 Active Military Orders 	
	•Letter from Commander	
	•Veteran's Administration ID	
Print below the name ar	nd address of the person and/or institution to which your transcript shoul	d be sent.
Name:		_
Attention (if applicabl	e):	
Address:		_
City:	State: Zip Code:Count	try:
Please specify the num	ber of official transcript(s) to be sent to the address listed above:	
Transcripts will not be	be provided for a student or alumnus with financial hold(s) or other obligations	to the College.

- Please allow approximately 24 48 hours for the transcript order to process.
- If transcript(s) are being mailed to another educational institution, a specific office should be listed on the request.