



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

TRANSCRIPT REQUEST FORM

Student Name:
MDID/SSN:
Date of Birth:
Contact Number:
E-mail Address:

Specify courses to be included on transcript:

- College Credit
Vocational Credit
Non Credit
All Courses

Please check your unofficial transcript before submitting your request to ensure grades and/or degree have been posted.

Signature: Date:

Must attach a valid picture ID with transcript request

*** \$5.00 Fee Per Transcript Request***

Print below the name and address of the person and/or institution to which your transcript should be sent.

Name:

Attention (if applicable):

Address:

City: State: Zip Code: Country:

Please specify the number of official transcript(s) to be sent to the address listed above:

- Transcripts will not 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.