**TRANSCRIPT REQUEST FORM**

**Student Name:**

____________________________________________________

**MDC ID:**

____________________________________________________

**Date of Birth:**

____________________________________________________

**Contact Number:**

____________________________________________________

**E-mail Address:**

____________________________________________________

**Specify courses to be included on transcript:**

☐ College Credit

☐ Vocational Credit

☐ Non Credit

☐ All Courses

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

**Signature:** ___________________________  **Date:** __________

**Must attach a valid government issued ID with transcript request**

*** Please submit a $5.00 check/money order payable to Miami Dade College per transcript request***

*** No Cash Accepted***

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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: ______

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

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- Please allow approximately 24 - 48 hours for the transcript order to process once the transcript request has been received in the mail.

- Transcript(s) being mailed to any educational institution, if a specific office, suite/room number or person, should be listed on the Attention section of the request form if applicable.