



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

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

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.