



**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
- EPI
- All Courses

If you are waiting for recent grades or a degree to appear on your transcript, please check your unofficial transcript prior to submitting a request to make sure grades and/or degree has 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:** \_\_\_\_\_

**NOTE:** Transcripts will only be sent upon written or official web request after payment of applicable transcript fee(s). No transcript will be provided for a student or alumnus whose records are incomplete or whose financial obligation(s) to the College has not been satisfied. Please allow approximately one week for the transcript process. If transcript(s) are being mailed to another educational institution, a specific office should be listed on the request.