



Office of The Registrar  
15025 NW 77<sup>th</sup> Avenue; Suite 216  
Miami Lakes, Florida 33014  
Ph: (305) 720-4229 Fax: (305) 512-5996

Date: \_\_\_\_\_

## TRANSCRIPT REQUEST

I, \_\_\_\_\_, social security  
number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and D.O.B. \_\_\_\_\_, attended  
\_\_\_\_\_ High School from  
\_\_\_\_\_ to \_\_\_\_\_.  
date date

**I am giving permission to have my transcript forwarded to the above school.**

Please indicate the main reason why you are requesting a transcript.  
Thank you for your cooperation.

- \_\_\_\_\_ I have NOT graduated but I am transferring to another institution.
- \_\_\_\_\_ I need it for employment purposes.
- \_\_\_\_\_ I need it for licensing and / or certification purposes.
- \_\_\_\_\_ I need a copy for myself.
- \_\_\_\_\_ Other, Please specify: \_\_\_\_\_.

Respectfully,

\_\_\_\_\_  
Student