



**Miami Dade
College**

Transcript Processing Services
11011 SW 104th Street, Room R301
Miami, FL 33176-3393
Email: transcripts@mdc.edu

TRANSCRIPT REQUEST FORM

Student Name: _____

Student ID/ S.S.N: _____

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

Signature: _____

Date: _____

Must include 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.

AR 234 (REV 03/14)