



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 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***

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: _____

- 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.