



MIAMI CORAL PARK SENIOR HIGH SCHOOL TRANSCRIPT REQUEST FORM

Ordered Date: _____
Ordered By: _____
Date Sent: _____
Date Picked: _____
Needs To Pay: Yes Or No
Paid: \$ _____
(Office Enter Amount Received)
<i>Office Use Only</i>

Transcripts request will be processed within 72 hours from ordered date (Business Days ONLY)

(A VALID ID MUST BE ATTACHED WITH THIS FORM)

Form Needs To Be Emailed To:

Registrar, yfernandez@dadeschools.net OR Registrar Assistant, ivetamador@dadeschools.net

Today's Date: _____ Pick-Up: _____ # of Transcript: _____
(Only for Hard Copies) \$3.00 Fee Per Transcript (Hard Copies Only)

Student Name: _____
Contact Phone #: _____
Student ID #: _____
Date of Birth: _____

Please (x) one of the options:

____ Transcript (Grades 9th through 12th)

____ Transcript (Entire record/history of entry)

Official Transcripts will not be ordered for 9th 10th 11th grade students.

Unless the student was withdrawn, and all obligations have been paid.

***** ELECTRONIC PROGRAM REQUEST *****

FREE OF CHARGE

Please mark (x) the College or University you want your transcript sent to:

Daytona Beach CC 00C831	Brevard CC Cocoa 00U940	Brevard CC Melbourne 00U941
Indian River CC 00C911	Brevard CC Palm Bay 00U943	Brevard CC Titusville 00U942
Gulf Coast CC 00C909	TCC 00U927	Palm Beach CC 00U918
Broward CC 00C101	FIU 00U990	FSU 00U973
MDCC 00C930	UF 00U975	UWF 00U978
SANTA FE CC 00C924		
	STU 730000000- 146800	FL Poly 7300000004- 263400
FAMU 730000000- 148000	FAU 730000000- 148100	FCG 7300000003- 255300
FMU 730000000- 148600	JU 730000000- 149500	UCF 730000000- 395400
UM 730000000- 153600	UNF 730000000- 984100	USF 730000000- 153700
Stetson 730000000- 563000	Barry 730000000- 146600	Valencia CC 730000000- 675000

Print **CLEARLY** below the name and address of the person and/or institution to which your transcripts should be mailed. Email copies are available for Institution email addresses ONLY. (\$3.00 Fee Per Hard Copy of Transcript)
(A VALID ID MUST BE ATTACHED TO OBTAIN A PERSONAL COPY).

Name: _____

Attention (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

(Institution Emails ONLY / Will not be sent to personal emails)

(\$3.00 Fee Per Each Hard Copy of Transcript)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)

Name: _____
Attention (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
(Institution ONLY)