MIAMI CAROL CITY SENIOR HIGH SCHOOL

3301 Miami Gardens Drive • Miami Gardens, Florida 33056 • PHONE:(305) 621-5681 • FAX:(305) 620-1446

Diploma/Transcript Request Form

NOTE: Form must **be signed**, and requestor must include **a copy of a valid photo identification for processing Diploma Order:** Diploma orders usually takes 6 to 8 weeks to receive; if ordered during peak season it takes longer. **Transcripts**: Please allow 2 to 3 business days to process. You will have 1 week from the day that you ordered your transcript to pick it up or it will be discarded, and you will need to order a new one with payment.

Ple	ase write legibl	/ :	Date Request//					
Last Name // Birthdate Student ID Numbe		F	First Name			Middle Name		
		Student ID Number	Gradua	Graduation Year) Phone Number		
MO	NEY ORDERS (ONLY:						
	Diploma Numb e	er of copies needed:	x \$15.00 ea	ch =				
	Official transcrip	t (stamped and sealed)	Number of c	opies need	led:	_ x \$3.00 each = _		
						Amount Due	=	
	se check the approp							
	will pick-up my diplo	,						
	lail or electronically	send transcript(s) to: (Mu	st include Schoo	ols' or Ageno	cies' full	address or email a	ddress)	
	Ē	LECTRONICALLY (Co	olleges or Un	iversities f	or Nex	t Day request)		
 00C100 Broward Community College (Centra 00C102 Broward Community College (North) 00C929 Miami-Dade College (North) 00C931 Miami-Dade College (Wolfson) 00C933 Miami-Dade College (Homestead) 00U975 University of Florida (Central Campu 00U976 University of North Florida 00U990 Florida International University (Main 73000000146600 Barry University 73000000148100 Florida Atlantic University 73000000153700 University of South Florida 73000000146800 St. Thomas University 73000000675000 Valencia College 			th)00C 00C 00C pus)00C ain)00U ain)00U 7300 rida7300 7300	 00C103 Broward Community College (South) 00C930 Miami-Dade College (South) 00C932 Miami-Dade College (Medical) 00U973 Florida State University 				
1			2.					
	·							
3			4.					
FOR		Y:						
Money Order#:			ate Received:		Amoun	Received:	Initial:	
Date Mailed:			_ Signature of Pick-up:					

Notice: Student records obtained under this request remain subject to the requirements of the "Federal Family Educational Rights and Privacy Act of 1974," which requires written parent or student consent before the records may be shared with any other party. If over 18 years of age, records can be requested by student only.