



**Med Academy**  
3418 West 84<sup>th</sup> Street, Suite 106  
Hialeah, FL 33018  
www.medacademy.edu

## **Transcript Request Form**

**To: Registrar's Office**

**Student Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Send transcript to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Program Attended:** \_\_\_\_\_

**I attended your school from:** \_\_\_\_\_

**Name at time of attendance:** \_\_\_\_\_

**Student's Signature (Mandatory)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: First official transcript is free of charge; a \$15.00 Transcript fee will be collected per any additional transcript requested**