

Miami Christian School  
200 NW 109<sup>th</sup> Ave.  
Miami, FL 33179  
(305) 221-7754

Faxed requests are not accepted. Allow one week for processing.

## Current Student Transcript Request Form

Please Print. Complete all items below to assist in completing your request.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_  
(In case we have questions about your request)

Complete mailing address where documents are to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE.

**OFFICE USE ONLY**

**Date Processed and Mailed** \_\_\_\_\_

**Processed by:** \_\_\_\_\_