



Transcript Request Form

Step 1: Your Information

Name: _____ Student SSN: _____
Last First Middle Initial

Phone Number: _____ Date of Birth: _____
MM/DD/YYYY

Personal Email Address: _____

Step 2: Delivery Options **(Note: Choose only one delivery option per request form)**

Pick up by the student.

Mail Transcript

Step 3: Delivery destination and quantity (where do you want us to send your transcripts if being mailed)

No. of Copies	*** Important: A mailing address is required for all transcript requests		
_____	Name	Address	City, State, Zip Code
_____	Name	Address	City, State, Zip Code
_____	Name	Address	City, State, Zip Code

Step 4: Processing Option – Choose one option per request.

Send immediately

If currently enrolled, send after grade are posted (7 days after final grades submitted)

If graduation has not been awarded, send after diploma/certificate is posted
 (Please allow 2-4 weeks after completion of graduation requirements)

Step 5: Release Authorization Requested

Signature: _____ Date: _____
 (Your Signature is required for processing and delivery.)

Step 6: payment Procedure

Submit this form to the Student Services Office at Medical Career Academy along with a \$10 non-refundable processing fee per transcript request. Please allow up to 10 business days for processing.

By mail: Medical Career Academy 7741 N. Military Trail, Suite 4/5 Palm Beach Gardens, FL 33410	By Email: Patti@mcaedu.org By Fax: (561) 229-1066 <i>All requests will be invoiced and can be paid through our online portal. Directions on how to pay will be emailed with the invoice.</i>
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Administration Use Only:		
Paid on: _____	Transcript Sent By: _____	Date: _____