

Miami Christian School
200 NW 109 Avenue
Miami, FL 33172
(305) 221-7754
Fax: (305) 221-7783



Graduate/Former Student Transcript Request Form

Fees: \$5.00 Transcript (*for graduates and former students*)

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone number (_____) _____

.....
What years did you attend MCS: _____

Please check one:

_____ official transcript in sealed envelope (void if opened)

_____ copy

Complete mailing address where documents are to be sent (list additional schools on the back):

Signature: _____ Date: _____

Allow one week for processing

OFFICE USE ONLY

Amount Received \$ _____ Received by: _____

Cash

Check

Credit Card

Money Order /Cashiers Check

Processed by: _____

Date Processed and Mailed: _____