



TRANSCRIPT REQUEST FORM

I request that the Last Report Card, Transcript of _____
be forwarded to : (Students Name) (Year Graduated)

Name of School

Address

City/State

Attention

Phone Contact	Fax	E-mail Address
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for the purpose of admission review and academic placement.

I also authorize the school and teachers to release information about my child which would identify apparent learning strengths or weaknesses and patterns of behavior.

Please allow two weeks for processing of the transcript. If you would like it sooner, there will be an additional fee as listed below.

Transcript Request Fee, \$20.00 Expedited, \$30.00

Signature _____ Print name _____

Relationship to Applicant _____ Date _____

The school's contact information is: Phone: (305) 534-7050
Fax: (305) 534-8444
Email: office@mechinasf.com

For Office Use Only

Financial Director Approval _____



4000 Alton Road, Miami Beach, Florida 33140-3854
Tel. (305) 534-7050 Fax (305) 534-8444

