

מכינה
ד'סאוס פלורידא



Mechina
of South Florida

TRANSCRIPT REQUEST FORM

For the purpose of admission review and academic placement, I request that the
 Last Report Card / Transcript of

_____ (Student's Name)
 _____ (Contact Number) _____ (Year Graduated)

be forwarded to:

Name of School

Address

City/State

Attention

Phone Contact

Fax

E-mail Address

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.**

Check One: Transcript Request Fee: \$25.00 Expedited Transcript: \$40.00

CC#: _____ Exp: ____/____ CVV: _____

Print Name _____ Signature _____

Address _____ Phone _____

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 _____ Date _____

Notes: _____

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

