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**OFFICIAL TRANSCRIPT REQUEST FORM**

**PRINT STUDENT NAME:** \_\_\_\_\_ **ID#** \_\_\_\_\_  
(At the time of graduation)

**DATE OF BIRTH:** \_\_\_\_\_ **GRADUATION DATE:** \_\_\_\_\_ **LAST YEAR ATTENDED:** \_\_\_\_\_

This will authorize the release of a transcript. Please select one (*unofficial/official*) of the following:

**UNOFFICIAL COPY**                     **MAIL**             **PICK-UP**

**HOME ADDRESS:** \_\_\_\_\_

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**OFFICIAL COPY**    mailed or electronically forward to the following college/agency:

Place a check next to each college/university:

- 00C100    BROWARD COMMINTY COLLEGE (CENTRAL)
- 00C101    BROWARD COMMINTY COLLEGE (ADMIN)
- 00C102    BROWARD COMMINTY COLLEGE (NORTH)
- 00C103    BROWARD COMMINTY COLLEGE (SOUTH)
- 00C929    MIAMI DADE COLLEGE (NORTH)
- 00C930    MIAMI DADE COLLEGE (SOUTH)
- 00C931    MIAMI DADE COLLEGE (WOLFSON)
- 00C932    MIAMI DADE COLLEGE (MEDICAL)
- 00C933    MIAMI DADE COLLEGE (HOMESTEAD)
- 00U973    FLORIDA STATE UNIVERSITY
- 00U975    UNIVERSITY OF FLORIDA (CENTRAL CAMPUS)
- 00U988    UNIVERSITY OF FLORIDA (MAIN CAMPUS)
- 00U976    UNIVERSITY OF NORTH FLORIDA
- 00U978    UNIVERSITY OF WEST FLORIDA
- 00U990    FLORIDA INTERNATIONAL UNIVERSITY (MAIN)
- 00U979    FLORIDA GULF COAST UNIVERSITY



# Miami-Dade County Public Schools

*giving our students the world*

\_\_\_ 73000000146600 BARRY UNIVERSITY  
\_\_\_ 73000000675000 VALENCIA COMMUNITY COLLEGE  
\_\_\_ 73000000153700 UNIVERSITY OF SOUTH FLORIDA  
\_\_\_ 73000000148000 FLORIDA A&M UNIVERSITY  
\_\_\_ 73000000395400 UNIVERSITY OF CENTRAL FLORIDA (MAIN)  
\_\_\_ 73000000148100 FLORIDA ATLANTIC UNIVERSITY (MAIN)  
\_\_\_ 73000000153600 UNIVERSITY OF MIAMI

**COLLEGE/AGENCY:** \_\_\_\_\_

CONTACT PERSON/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLEGE/AGENCY:** \_\_\_\_\_

CONTACT PERSON/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLEGE/AGENCY:** \_\_\_\_\_

CONTACT PERSON/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, PARENT/GAURDIAN MUST SIGN.

STUDENT SIGNATURE

DATE OF REQUEST

PARENT/GUARDIAN SIGNATURE

DATE OF REQUEST

Please complete form and pay the treasurer with the exact amount \$1.50 each. Cash or Money Orders Only.

**Transcript(s) will be processed in 7 to 10 business days.**

**MIAMI NORLAND SENIOR HIGH SCHOOL**

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