

Med Academy

3420 West 84th Street, Suite 106 Hialeah, Fl 33018

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E-mail: medacademy@ymail.com

Request for Transcript

To: Registrar's Office

Information of Institution Attended:

Name of High School/College/University: _____
Address: _____
City: _____ State: _____ Zip: _____
I attended your school from: _____
— Name at time of attendance: _____

Student Information:

Name: _____

Social Security Number: _____ Home Phone: () _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student's Signature (Mandatory) _____

Please send and official transcript to my complete academic record to:

Office of the Registrar
Med Academy
3420 West 84th Street Suite 106
Hialeah, Florida 33012

A prompt response is appreciated as the student's entrance in school is dependent upon it.
If transcripts cannot be released or if there are any question
please call (786) 271-0987