

# High School Transcript Request

I, \_\_\_\_\_, do hereby declare that I have a High School Diploma.

Name under which registered while attending school (first, middle, last):

\_\_\_\_\_

High School Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

I am also authorizing Medical Institute of Palm Beach, Inc. to obtain a copy of my transcript or High School Diploma on my behalf. Please release my records for the time I attended from \_\_\_\_\_ through \_\_\_\_\_.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail official copy to:**

Attn: Lena R. Ramirez

5821-B Lake Worth Rd

Greenacres, FL 33463

If you have any questions, please call the registrar department at 561-964-5148  
or Fax to 561-964-5685.

Fees for transcript requests are the responsibility of the student