

GED TRANSCRIP REQUEST FORM: (850-242-0990)

Name: _____

S.S #: _____

D.O.B: _____

Year Taken: _____

Place Test Was Taken/State: _____

The above student is requesting admissions to Medical Institute of Palm Beach, Inc. 5821-B Lake Worth Rd Greenacres, Fl 33463.

Please fax verification of pass/fail to: 561-964-5685, Admissions Department.