

MEDICAL INSTITUTE OF PALM BEACH, INC.



**Office of the Registrar
Student Diploma/Transcript Request**

Use this form to request a replacement diploma or transcript that was lost, stolen or destroyed

Date Requested: _____

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

Name to be printed on Diploma(s) if different from above (subject to verification):

Current Address: _____

Current Phone Number: _____

Student Last Four S.S.No.: _____

Diploma(s) Awarded: _____ Date(s) Diploma(s) Awarded: _____
(Month & year)

Location of School You Attended: (Check One)

802 South Dixie Highway
Lake Worth, FL 33460

5821-B Lake Worth Rd
Greenacres, FL 33463

Reason for the request: _____

Student Signature: _____
(Requested cannot be processed without signature and payment in full)

NOTE:

Transcripts/Diplomas are normally processed and mailed out within 1-3 business days after requests are received, not including weekends, holidays or Fridays. **You must pay first.**

FEES:

Official/Unofficial transcripts are issued at a cost of \$2.00 per copy. (1st unofficial copy FREE!)

A fee of \$10.00 is charged for a replacement/duplicate diploma.

A fee of \$5.00 is charged for a copy of diploma.

Diploma:

- Copy ()
- Original ()
- Mail ()
- Fax ()
- Pick up ()

Transcript:

- Official ()
- Unofficial ()
- Mail ()
- Fax ()
- Pick up ()

*****CASH OR MONEY ORDER ONLY*****

