

CONTINENTAL ACADEMY TRANSCRIPT REQUEST FORM

Graduate First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / _____

INSTRUCTIONS: 1) COMPLETE THIS FORM: Follow the instructions in SECTION 1 to indicate where you would like your transcript(s) to be sent. You may select up to two (2) destinations per form. 2) PROVIDE A MONEY ORDER or CREDIT CARD INFORMATION for the correct amount. **Each official transcript requires a \$15.00 payment.** If you would like to have your transcript(s) sent via United States Postal Service EXPRESS MAIL (2-3 business days delivery), you must include an **additional \$32.00** per destination (includes postage and processing). **Express mail is an optional service and is not mandatory.** 3) SEND THIS FORM AND PAYMENT to Continental Academy 15327 N.W. 60th Ave. Room 235 Miami Lakes, FL 33014. If you are paying by credit card, you have the option of faxing this completed form to 954-538-8041 (Attention: Transcript Department). Transcripts are processed on a first come, first serve basis and will be mailed out ONCE they are PREPARED.

SECTION 1: Where do you want your transcripts to be sent?

DESTINATION 1: Send by U.S.P.S. First Class Mail (1 to 2 weeks - \$15.00) **OR** Send by U.S.P.S. Express Mail (\$15.00 plus \$32.00) = \$47.00
(Domestic: 2-3 business days, International: 3-5 business days)
Additional postage fees may be required for international destinations

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # for U.S.P.S. Express Mail: (____)____ - _____

DESTINATION 2: Send by U.S.P.S. First Class Mail (1 to 2 weeks - \$15.00) **OR** Send by U.S.P.S. Express Mail (\$15.00 plus \$32.00) = \$47.00
(Domestic: 2-3 business days, International: 3-5 business days)
Additional postage fees may be required for international destinations

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # for U.S.P.S. Express Mail: (____)____ - _____

In order to receive or have forwarded academic transcripts, the student must hold status of graduate or have a zero tuition balance (tuition paid in full).

*ATTENTION: It is the responsibility of the student/ graduate or his/her parent/guardian to provide Continental Academy with a COMPLETE mailing address for the transcript destination, including department, and/or contact name/title. Unless a specific destination address is provided, it is likely that your transcript will be lost or misplaced by the receiving institution or employer. NO employee or agent of Continental Academy will undertake research in order to find the correct, complete mailing address for your intended transcript destination. YOUR TRANSCRIPT(S) WILL BE SENT TO THE ADDRESS(ES) YOU INDICATE ON THIS FORM.

I authorize Continental Academy to release my student records (Transcripts) to the parties listed above.

Student/Guardian Signature: _____ Date: _____

SECTION 2: Payment

Money Order Enclosed Amount to be charged: \$ _____

Credit Card #: _____ Valid Thru: ____ / ____ Security Code: _____

Name as it appears on Credit Card: _____ Cardholder's Address: _____

Billing Zip Code: _____ Credit Card Holder Signature: _____ Date: _____

PLEASE ALLOW UP TO TWO (2) WEEKS FOR PROCESSING AND DELIVERY.