



Greater Miami Adventist Academy

Over 90 Years of Excellence in Christian Education

Transcript Request Form (All Transcripts Requests should be made in Writing)

Full Name _____ Maiden Name (if applicable) _____ Date of Birth _____

Current Mailing Address _____
Street City State zip code

Home Phone # _____ Daytime phone # _____ E-mail address _____

Current Student Former Student- Dates attended or Graduation date _____

I will pick up my transcript Send transcript to: Number of Copies: _____ Official _____ Unofficial

Name of Institution: _____

Office: _____

Address: _____

City/State/Zip Code: _____

I hereby authorize Greater Miami Adventist Academy to release my high school transcript to the above mentioned institution(s)

Student/Parent Signature

Date

Instructions:

Please complete the required information in this transcript request form. There is no transcript fee for any senior or current student transferring to another high school. GMAA graduates are allowed a free transcript request following graduation. There is a fee of \$5.00 for each subsequent transcript request. Mailed request should include payment by check or money order, payable to GMAA. Requests that are faxed to the school should be paid by credit card.

For Credit Card Payment:

Credit Card Type: (visa, master card or discover) _____

Credit Card Number _____

Expiration date: Month _____ Year _____

Last three or four digits in the back of your card: _____

Credit Cardholder's Name: _____

Credit Cardholder's Address: _____

Authorized Signature:

Amount to be Charged: (\$5.00/copy) _____

For Office Use Only:

Signed By: _____ Date _____

Business Office: _____

Fee Received: _____

Mailed: _____

Faxed: _____

Picked Up: _____

Mailing Address: Greater Miami Adventist Academy

Office of the Registrar

500 NW 122 Avenue

Miami, FL 33182