



CONTINENTAL ACADEMY TRANSCRIPT REQUEST FORM

Graduate First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / _____ Transcript Request Form Updated on 7/15/2020

INSTRUCTIONS: 1) **EMAIL or MAIL** this completed form and payment to continentalacademyservices@gmail.com or to Continental Academy 15327 N.W. 60th Ave. Room 235 Miami Lakes, FL 33014. 1) Complete the form to indicate where you would like your transcript(s) to be **MAILED**. 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 (your prepared records in a sealed envelope) that is mailed to a U.S. address requires a \$25.00 payment.**

NOTE: ALL TRANSCRIPTS ARE MAILED TO A U.S. ADDRESS AND ARE PROCESSED ON A FIRST COME/FIRST SERVE BASIS. YOU CAN EXPECT YOUR TRANSCRIPT TO BE DELIVERED BY THE U.S POST OFFICE WITHIN 2 WEEKS FROM THE DATE WE RECEIVE YOUR FULLY COMPLETED TRANSCRIPT REQUEST FORM. IF YOU NEED YOUR TRANSCRIPT ASAP, YOU CAN SELECT OUR PREMIUM OPTION (24 HOURS) TO HAVE YOUR TRANSCRIPT EMAILED TO AN EMAIL ADDRESS (THIS OPTION REQUIRES A \$40.00 PAYMENT).

DESTINATION 1: Send by U.S.P.S. First Class Mail **OR** Send by EMAIL (PREMIUM OPTION)= **\$40.00**
(1 to 2 weeks - **\$25.00**) (24 HOURS)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL Address: _____

PLEASE MAKE SURE YOU SIGN AND ENTER THE DATE BELOW

DESTINATION 2: Send by U.S.P.S. First Class Mail **OR** Send by EMAIL (PREMIUM OPTION)= **\$40.00**
(1 to 2 weeks - **\$25.00**) (24 HOURS)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL Address: _____

PLEASE MAKE SURE YOU SIGN AND ENTER THE DATE BELOW

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:** _____

PAYMENT INFORMATION: Money Order Enclosed Credit Card: 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 OF MAILED TRANSCRIPT.