



NEW WORLD SCHOOL OF THE ARTS

OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

Transcript request will be processed within 3-5 business days from the order date.

Send your request form to: Ms. Flores; Registrar

By email: iflores12@dadeschools.net (Email MUST include subject line: Transcript

Request) By mail: New World School of the Arts

ATT. Ms. Flores; HS Registrar

25 NE 2nd Street, RM 5614

Miami, FL 33132

Hard copy transcript fee: \$2.00 per transcript; Money Order or *exact* Cash ONLY (No personal checks)

I would like the following transcript(s) to be:

Pick- Up

Send Electronically

USPS Mail

First Name: _____

Last Name/ Maiden Name: _____

D.O.B.: _____

MDCPS ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Year of Graduation: _____

Phone Number: _____

FOR PICK- UP:

Of Transcript needed: _____ (MAX 5)

Registrar will contact you by email or phone to set a date and time for pick up. Please have Money Order or *exact* Cash ready on pick up date. For current seniors, the first two are free of charge; three or more will be \$2.00 each through the Online Student Payment (OSP).

For USPS MAIL:

Below type or clearly print the name and address of the person and/ or Institution to which your transcript should be sent. **** NOTE:** Money Order must be received prior to processing the transcript request.

Name of Institution: _____

Attention (Dept. or person receiving): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Institution: _____

Attention (Dept. or person receiving): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Institution: _____

Attention (Dept. or person receiving): _____

Address: _____ City: _____ State: _____ Zip Code: _____

For Electronic Transcript Request:

~ Free of Charge ~

For current Seniors: Your Initial transcript will be sent by your counselor electronically based on your school selections via SCOIR. Your final transcript will be sent by the Registrar based on your final school selection.

For NWSA Alumni: I would like my transcript(s) to be sent electronically via the F.A.S.T.E.R system to the following Colleges/ Universities:

SCHOOL	MARK "X"	SCHOOL	MARK "X"
FLORIDA INTERNATIONAL UNIVERSITY		BARRY UNIVERSITY	
UNIVERSITY OF MIAMI		VALENCIA COLLEGE	
UNIVERSITY OF CENTRAL FLORIDA		STETSON UNIVERSITY	
UNIVERSITY OF WEST FLORIDA		FLORIDA STATE UNIVERSITY	
UNIVERSITY OF SOUTH FLORIDA		UNIVERSITY OF FLORIDA	
UNIVERSITY OF NORTH FLORIDA		JACKSONVILLE UNIVERSITY	
FLORIDA GULF COAST UNIVERSITY		MDC	
FLORIDA POLYTECHNICAL UNIVERSITY		BROWARD CC	
FLORIDA ATLANTIC UNIVERSITY		NEW COLLEGE OF FLORIDA	
FLORIDA A&M UNIVERSITY		SANTA FE CC	

If your College/ University of choice is not listed above, please fill out the information below:

Name of University/ College/ Institution: _____

Institution email address to send transcript to: _____

I hereby grant permission for the release of my transcripts to the above-named college(s) and/or person.

Print Name: _____ Signature: _____ Date: _____

For office use ONLY

Date of order: _____

Scheduled pick-up (Date & Time): _____

USPS Mail (Date sent): _____

Processed by: _____

Electronically (Date sent): _____

Of Transcript requested: _____

Payment confirmation: _____