



NEW WORLD SCHOOL OF THE ARTS OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

**MAIL OUT = REGISTRAR WILL SEND TRANSCRIPT VIA
U.S. MAIL**

| | |
|--------------------------|------------------------|
| First Name: | Last Name: |
| D.O.B.: | Email Address: |
| Phone Number: | MDCPS ID Number: |
| Graduation Year: | Number of Transcripts: |
| College/University: | Office Name: |
| Street Address/P.O. Box: | City: |
| State: | Zip: |

Directions for students:

1. Pay \$2.00 per transcript in the **Online Student Payment** portal (OSP)
2. Print and fill out this request form
3. Scan and attach this completed form to an email to our registrar,
Ms. Karina Quezada at Kquezada@dadeschools.net

**Please note that this request may take up to a week to process.*

For any questions or concerns, please contact the registrar at
Kquezada@dadeschools.net