

NEW WORLD SCHOOL OF THE ARTS OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

Transcript request will be processed within Send your request form to: Ms. Flores; By email: iflores12@dadeschools.net (Ema Request) By mail: New World School of ATT. Ms. Flores; HS Registrar 25 NE 2nd Street, RM 5614 Miami, FL 33132 Hard copy transcript fee: \$2.00 per transcript	Registrar il MUST include subject l of the Arts cript; Money Order or exc	line: Transcript	ersonal checks)		
I would like the following transcript(Pick- Up		☐ USPS	Mail		
First Name:	Last Name/ Ma	Last Name/ Maiden Name:			
D.O.B.:	MDCPS ID Nu	MDCPS ID Number:			
Address:	City:	State:	Zip Code:		
Email Address:					
Year of Graduation:					
# Of Transcript needed: (MAX 5 Registrar will contact you by email or phone ready on pick up date. For current seniors, to Online Student Payment (OSP). Below type or clearly print the name and addresent. ** NOTE: Money Order must be received.	to set a date and time for he first two are free of characteristics. For USPS MAI dress of the person and/or ived prior to processing.	arge; three or more w L: or Institution to which the transcript reques	ill be \$2.00 each through the your transcript should be t.		
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:					

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 choic	e is not listed above, pl	ease fill out the infor	mation below:	
Name of University/ College/ Institution	on:			
Institution email address to send transc	eript to:			
I hereby grant permission for the releas	e of my transcripts to the	above-named college(s)	and/or person.	
Print Name:	Signature:		Date:	
	For office use O		- · - · - · - · - · -	. — . –
Date of order:Scheduled pick-up (Date & Time): USPS Mail (Date sent):		# Of Transcript requ	nt): ested: n:	