

BRITO MIAMI PRIVATE TRANSCRIPT REQUEST FORM

Name: _____

Current or last grade attended if applicable: _____

Year of graduation if applicable: _____

Date of birth _____

Mail to:

Amount of copies: _____ Payment Method: _____

Signature of Student: _____

(Over 18 years old)

Parent's Signature: _____

There will be a \$20.00 fee per issued transcript. You may request a credit card authorization, or pay by cash. All transcript request orders of the week are processed on Fridays and will be ready for pickup by 3:00 p.m.

Please attach driver's license with request form.

Return request to:

Ms. Gomez-Hidalgo

Fax: (305)448-0181

g.gomezhidalgo@britomiamiprivate.com