

GREATER MIAMI ADVENTIST ACADEMY

Delivering Christian Education Since 1912

Transcript Request Form

(All Transcripts Requests should be made in writing.)

Full Name	Maiden Name (if a		if applicable)	pplicable) Date of Birth	
Current Mailing Address_					
	Street		City		zip code
Home Phone #	Daytime ph	one #	E-mail		
□ Current Student	□ Former Student Dates attended or Graduation date				
include payment by check	or money order, payable to r emailed to the school sho	o GMAA. Personal ch	ere is a fee of \$8.00 for each t ecks must clear with our bank card. GMAA does not releas	before the trans	cript is released.
□ Please, include SAT a	nd ACT results in my Tran	script.	Number of Copies:	Official	Unofficial
☐ I will pick up my trans	cript.				
□ Send transcript to:					
Name of Institution:					
Office:					
Address:					
City/State/Zip Code:					
I herby authorize Greater	Miami Adventist Academy	y to release my high	school transcript to the instit	tution(s) mentio	ned above:
Student/Parent Signature			Date		
For Credit Card Payment Credit Card Type: (Visa, I Credit Card Number	Master Card or Discover) _		For Office Use Or	nly:	
Expiration date: Month Three- or four-digit secur Credit Cardholder's Name	Ye ity code (in the back of yoe:	our card):	Business Office: Fee Received:	Signed By:	Date:
	ess:		Faxed:		
Authorized Signature: Amount to be charged: (\$	20.00/		Picked Up:		

Mailing Address: Greater Miami Adventist Academy

Registrar's Office 500 NW 122nd Avenue Miami, FL 33182 Email: maria.leonor@gma.edu Fax: 305-220-5970 (Attn. Maria Leonor)