



# RECORD REQUEST FORM

Miami Lakes Educational Center & Technical College  
5780 NW 158<sup>th</sup> Street Miami, FL 33014



PLEASE PRINT CLEARLY

Student ID Number: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last 4 Digits of your Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other Names Used (Maiden/Married/Court Ordered): \_\_\_\_\_  
MM DD YYYY

## Program Information

Program of Study			Please Check Only One: Daytime _____ / Evening _____	
Teacher's Name			Year Completed	
Amount Paid	\$ _____	Duplicate Certificate Request _____ / Transcript Request _____		

Student's Signature: \_\_\_\_\_ Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\* FOR STUDENT SERVICES OFFICE PERSONNEL USE ONLY BELOW THIS LINE \*\*\*\***

OFFICIAL PROGRAM TITLE: \_\_\_\_\_ PROGRAM HOURS: \_\_\_\_\_  
COMPLETED HOURS: \_\_\_\_\_

STUDENT'S ENROLLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STUDENT'S GRADUATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SELECT ONLY ONE OF THE APPROPRIATE LINES BELOW THAT APPLIES TO THE ABOVE NAMED INDIVIDUAL:

\_\_\_\_\_ Full Program Completer (Student has met All requirements for a Vocational Certificate of completion.)

**Or**

\_\_\_\_\_ OCP Completer (Student has satisfactorily met the following OCP's circled below.)

OCP Codes	A	B	C	D	E	F	G	H	I	J
OCP Hours										

Date Duplicate Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Certificate / Transcript Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate Mailed To: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address/City/State