

Transcript Request Form

Attention Registrar:

Normal Service (7-10 days):

Administrative Use Only:

Date Requested:

Please send a copy of my transcripts to the schools /organizations listed below. In making this request, I realize that I must provide you with the organization's correct contact information and that payment for each transcript requested must be received by the institution prior to the request being processed.

\$10.00 *CEU certificates/documents \$10.00 per page

Fee Collected

*Prices will vary depending on transcripts and/or documents that you wish to have sent.

\mathbf{T}	he cost f	or transcr	ipt processi	ing (per t	transcript req	uested) is:	
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Rush Service (3 Days):	\$25.00
Same Day Service (When Available)	\$50.00 *If the request is received on Friday, it will not be processed until Tuesday.
Diploma (reprint) incl. shipping and taxes	\$75.00
request if I have outstanding library books.	acture and Traditional Medicine will not comply with my /fines or unmet financial obligations to the institution. In actions then the monies submitted for transcript requests
Signed (Student/Graduate)	
Student Name (Please Print):	
Address	
Payment information: Card Type: Card Number:	Security Code: Exp. Date:
Important: Final transcripts will a scheduled end of a semester.	not be available for 31 days following the
Transcripts should be sent to the follow	ing schools /organizations:
Name:	
Address:	
Notes:	

Date Sent: