

***Academy of Chinese Culture and Health Sciences***  
***1600 Broadway, Oakland, CA 94612***  
***Transcript Request Form***

**TRANSCRIPT REQUEST**

*(Please complete a separate form for each separate address)*

TO: \_\_\_\_\_

\_\_\_\_\_  
Address, City, State, Zip

Dear Registrar:

Please send an official copy of my transcript to the address above. The information below is furnished to assist in locating my records.

Name while enrolled in school (please print):

\_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Graduation Date \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

I graduated \_\_\_\_\_ I didn't graduate \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby authorize release of my official transcript to the address listed above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Transcript Fee:

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Official copy \$10.00                            | Number of copies _____ |
| <input type="checkbox"/> Official copy (mailed certified) \$15.00         | Number of copies _____ |
| <input type="checkbox"/> Official copy (two-day priority service \$30.00) | Number of copies _____ |
| <input type="checkbox"/> Unofficial copy 5.00                             | Number of copies _____ |

Checks must be payable to ACCHS

Credit Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_ Billing address zip code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

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**For office use only:**

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Served by: \_\_\_\_\_ Date: \_\_\_\_\_

Completion Date (stamped & mailed if applicable): \_\_\_\_\_