

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 _____

Note: Transcript requests are processed within 3 to 6 business days from the date of receipt.

Transcript Fee:

- | | |
|---|------------------------|
| <input type="checkbox"/> Official copy \$20.00 | Number of copies _____ |
| <input type="checkbox"/> Official copy (mailed certified) \$30.00 | Number of copies _____ |
| <input type="checkbox"/> Official copy (two-day priority service \$45.00) | Number of copies _____ |
| <input type="checkbox"/> Unofficial copy 10.00 | Number of copies _____ |

Checks must be payable to ACCHS

Credit Card# _____ Exp.Date _____ Billing address zip code _____

Name as it appears on card _____

For office use only:

Cash: _____ Check #: _____ Receipt #: _____

Served by: _____ Date: _____

Completion Date (stamped & mailed if applicable): _____

File: ACCHS_Group/Forms/Tran-request04.doc