

*Academy of Chinese Culture and Health Sciences
1601 Clay St. Oakland, CA 94612*

Transcript Request Form

TRANSCRIPT REQUEST

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 _____

Completion Date (stamped & mailed if applicable): _____

Fee : \$10.00: official copy; \$20.00: two-day priority; \$5.00: Unofficial Copy
(Write check to ACCHS)

Check #: _____ Receipt #: _____