



Carolinan College of Health Sciences Transcript Request Form

Two types of academic transcripts can be requested:

- 1) **OFFICIAL ACADEMIC TRANSCRIPT** - \$5.00 Please allow 2-3 business days for processing and mailing.
NOTE: All official requests must be accompanied by payment.
- 2) **UNOFFICIAL TRANSCRIPT** – No charge, but copy is marked “Unofficial” to be used for advising purposes only.
Additional forms available at www.carolinancollege.edu/alumni.

Mail completed form with payment to:

Fax completed form with credit card information to:

Carolinan College of Health Sciences
Office of the Registrar
1200 Blythe Blvd., PO Box 32861
Charlotte, NC 28232-2861

704-355-9336
Attn: Office of the Registrar

PLEASE PRINT THE REQUIRED INFORMATION LEGIBLY BELOW.

NAME _____ / _____ / _____
 LAST FIRST MIDDLE SOC SEC #

ADDRESS _____
 STREET ADDRESS CITY STATE ZIP

EMAIL _____ PHONE _____

CURRENTLY ENROLLED? (PLEASE CHECK ONE) YES NO IF NO, LAST DATE ATTENDED _____
 PROGRAM FOR WHICH YOU ARE REQUESTING A TRANSCRIPT _____
 NAME WHILE ATTENDING CCHS (IF DIFFERENT THAN ABOVE) _____

- (PLEASE CHECK) IF THIS NAME, ADDRESS, PHONE, OR EMAIL IS NEW SINCE YOU LAST CONTACTED THE COLLEGE.
- (PLEASE CHECK) IF YOU GRADUATED FROM A CCHS PROGRAM, BUT ARE NOT RECEIVING AN ALUMNI NEWSLETTER.

Please fill in the complete address, fax number, or e-mail to which your transcripts are to be sent.

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|--|---|
| 1. | (CHECK ONE) OFFICIAL <input type="checkbox"/> UNOFFICIAL <input type="checkbox"/> |
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| | |
| 2. | (CHECK ONE) OFFICIAL <input type="checkbox"/> UNOFFICIAL <input type="checkbox"/> |
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| | |
| 3. | (CHECK ONE) OFFICIAL <input type="checkbox"/> UNOFFICIAL <input type="checkbox"/> |
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| | |
| | |
| Unofficial transcript copy to be faxed to (PROVIDE NAME AND FAX NO.): | |
| (NOTE: OFFICIAL TRANSCRIPTS CANNOT BE FAXED.) | |

SIGNATURE _____ (DATE) _____

| | | | |
|---|---------------------------|-----------------------------|-----------------------|
| For Registrar's Office Use Only: | Date Processed / / | Amount Paid \$ _____ | Initials _____ |
|---|---------------------------|-----------------------------|-----------------------|

NUMBER REQUESTED: _____ OFFICIAL TRANSCRIPTS (\$5.00 EACH)
 AMOUNT ENCLOSED \$_____.00 in the form of (CHECK ONE): CASH CHECK (MADE PAYABLE TO **CCHS**) #_____
 PLEASE CHARGE MY CREDIT CARD: (CHECK ONE) VISA MASTER CARD DISCOVER AMER EXP
(NOTE: CREDIT CARD INFORMATION IS USED FOR THIS BUSINESS TRANSACTION ONLY AND NOT KEPT IN PERMANENT FILE FOR YOUR SECURITY.)

NAME ON CREDIT CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: _____