



HEALTH CAREER INSTITUTE

OFFICIAL TRANSCRIPT REQUEST FORM

Please mail requests to: Health Career Institute
Registrar's Office
1764 N Congress Ave
West Palm Beach FL 33409

The Official Transcript Fee is \$10.00 per copy (\$5.00 each additional copy)
Special Item Request Fee is \$5.00

Name: _____
Last First MI Maiden or Previous Name

Social Security Number: _____ - _____ - _____ **Date Of Birth:** _____

Student's Address: _____

_____ E-Mail: _____

Daytime Phone Number _____

Dates of Attendance at Health Career Institute:

_____ to _____ EMT ___ Paramedic ___ Fire Science _____

Have you earned a degree from Health Career Institute? Yes No
or Graduate with certification

Special Request Item _____

ie: certificate, letter of completion, receipt, medical reports etc.

If transcripts are being sent to you, should they be in separately sealed & stamped envelopes? (Most institutions require official transcripts coming from students to be signed over the seal of the envelope) Yes No

Address where transcript is to be mailed: (PLEASE USE COMPLETE ADDRESS INCLUDING ZIP CODE)

Company/School _____

ATTN: (Name/Office) _____

Address: _____

City, State, Zip _____

Number of transcripts to this address: ____ If more than one address please check here:
and Enter information on Page 2.

The Family Education Rights & Privacy Act of 1974 requires the student's signature for release of transcript.

Student's Signature

Date

**Transcripts will be released only if overdue obligations to the College have been satisfied.
Please allow 10 business days for receipt of transcript(s).**

<p><i><u>For office use</u></i></p> <p>Date Received:</p> <p>Amount Paid:</p> <p>Cash/check/charge</p> <p>Receipt#:</p> <p>Date Mailed:</p>
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