



1764 N Congress Avenue  
 Suite #101  
 West Palm Beach, FL 33409  
 561-586-0121 Office  
 561-471-4010 Fax  
 www.hci.edu

## OFFICIAL TRANSCRIPT OR RECORDS REQUEST FORM

**The Official Transcript Fee is \$10.00 per 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: \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_  
 \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Dates of Attendance at Health Career Institute:** \_\_\_\_\_ to \_\_\_\_\_  
 EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Fire Science \_\_\_\_\_ General Education \_\_\_\_\_

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

For Office Use Only:  
 Date Received:  
 Amount Paid:  
 Cash/Check/Charge  
 Receipt #:  
 Date mailed:

**Address where transcript is to be mailed:** (PLEASE USE COMPLETE ADDRESS INCLUDING ZIP CODE)  
 Company/School \_\_\_\_\_  
 ATTN: (Name/Office) \_\_\_\_\_

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

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 30 days for receipt of transcript(s).**

**Mail or hand deliver request to address above. No faxed copies will be accepted.**