



# 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](http://www.carolinancollege.edu/alumni).**

Mail completed form with payment to:

**Office of the Registrar  
P.O. Box 32861  
Charlotte, NC 28232**

Fax completed form with credit card information to:

**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/number to which your transcripts are to be mailed or faxed.**

<b>1.</b>		(CHECK ONE) <b>OFFICIAL</b> <input type="checkbox"/>	<b>UNOFFICIAL</b> <input type="checkbox"/>
<b>2.</b>		(CHECK ONE) <b>OFFICIAL</b> <input type="checkbox"/>	<b>UNOFFICIAL</b> <input type="checkbox"/>
<b>3.</b>		(CHECK ONE) <b>OFFICIAL</b> <input type="checkbox"/>	<b>UNOFFICIAL</b> <input type="checkbox"/>

**Unofficial transcript copy to be faxed to (PROVIDE NAME AND FAX NO.):**  
(NOTE: OFFICIAL TRANSCRIPTS CANNOT BE FAXED.)

SIGNATURE \_\_\_\_\_ (DATE) \_\_\_\_\_

<b>For Registrar's Office Use Only:</b>	<b>Date Processed</b>	/	/	<b>Amount Paid</b>	<b>Initials</b>
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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: \_\_\_\_\_