



## Traditional Chinese Medical College of Hawaii

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www.tcmch.edu

### Transcript Request Form

Date: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Send to:

When:

NCCAOM Now Graduation

Hawaii Board of Acupuncture Now Graduation

Student (yourself)

Official Copy (if you open the sealed envelope, its no longer official) Now Graduation

Unofficial Copy (for your personal records) Now Graduation

Other: \_\_\_\_\_ Now Graduation

Address: \_\_\_\_\_

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

#### Method of Payment

Official transcripts are \$10. Unofficial transcripts are \$5.

Cash

Check (make payable to TCMCH)

Credit Card:

Card Type (MC, VISA, AmEx): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*In accordance with Family Education Rights and Privacy Act of 1974, your signature is required to release your records.*

**PLEASE RETURN COMPLETED FORM WITH APPROPRIATE PAYMENT TO THE REGISTRAR AT THE ADDRESS ABOVE.**