



Blue Heron Academy of Healing Arts & Sciences

Official Transcript Request Form

Requests for **official** transcripts are honored only if transcripts are being sent to: (1) Governmental Agencies, (2) Institutions of Higher Education and/or Post Secondary Schools, (3) Internship Positions or, (4) Employers, upon offers of employment. **Unofficial** copies can be sent directly to the student.

Submit this form with your \$25.00 transcript fee.

Official Transcript Request Application Information:

I, _____ am requesting an official / unofficial (**circle one**) transcript of my academic record be sent to: (provide all contact information needed to send the transcript - name, address, phone, email, fax, etc.)

NOTE:

(PLEASE PRINT CLEARLY)

First, Middle, Last Name

Name while in Attendance (if different)

TRANSCRIPT RECIPIENT: _____ Self _____ Recipient Listed Above

Address

City State Zip Code

Daytime Telephone: _____ - _____

Cell Phone: _____ - _____

Email Address: _____

Social Security Number

Date of Birth (MM/DD/YYYY)

Dates of Attendance

Program Taken

Send the Transcript by - (Please indicate how you want the transcript sent)

- _____ Mail
- _____ Pick Up
- _____ Number of Copies

Student Signature – Required Date

In accordance with the Family Educational Rights and Privacy Act of 1974, the student's signature is required for release of transcripts.

For Office Use Only:

Processor Date Received Date Processed

Service Hold Restriction Date