



# School of Addiction Studies

## Official Transcript Request Form

### ***Student Information:***

_____	_____	_____
Student Name	Date of Birth	Daytime Phone Number
_____	_____	
Approximate Dates of Attendance	School Attended (online or in class hybrid)	
_____	_____	
Certificate Awarded	Email Address	

### ***Student Options and Fees:***

- Regular Service (\$5 fee per transcript) *Processed within 5 business days of receipt, and then mailed first-class USPS mail.*
- In Office Pick-up Service (\$10 fee per transcript) *Picked up in the Office of Admissions on the same business day (form must be submitted in person).*

Total Number of Transcripts Requested: \_\_\_\_\_

### ***Address for Transcript Delivery:***

Use the space to the right to indicate where the transcript(s) should be sent.

This address will appear on the outside of the transcript envelope.

Note: You must use separate forms if you wish to send transcripts to more than one location.

_____
_____
_____
_____

### ***Payment Method:***

- Check or Money Order Payable to: Sober College School of Addiction Studies
- Credit Card

### ***Credit Card Transaction:***

_____	_____	_____
Student Name	Credit Card Number	Exp. Date
_____	_____	
Cardholder Name	Address	
_____	_____	
Signature	City, State, Zip	