

Official Transcript Request Form

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 (\$20 fee per transcript) <i>Procestifirst-class USPS mail.</i>	ssed within 5 business day	ys of receipt, and then mailed
☐ In Office Pick-up Service (\$10 fee per transcri	pt) Picked up in the Office	e of Admissions on the same
business day (form must be submitted in perso		
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 Co	allege School of Addiction	n Studies
☐ Credit Card	inege behoof of Addiction	i budies
Credit Card Transaction:		Credit Card Number
	Ex	p. Date
Student Name	CSV	
Cardholder Name	Address	
Signature	City, State, Zip	