



# OFFICIAL/UNOFFICIAL Transcript Request Form

## INSTRUCTIONS:

1. The student is responsible for completing this Transcript Request Form
2. Sign and date the bottom of this form
3. Submit this completed form to our Corporate Office at the address/fax below:

Anthem Education  
 1000 Corporate Drive, Suite 500  
 Fort Lauderdale, FL 33334  
 F: (800) 606-4045

**\*\*Please note that transcript requests may take up to 10 business days to process. However, based on the request type, we can expedite the processing time.**

**1 STUDENT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
 PREVIOUS NAME(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_

**2 ATTENDANCE INFORMATION**

CAMPUS ATTENDED: \_\_\_\_\_  
 PROGRAM ATTENDED: \_\_\_\_\_

**3 PICK-UP AND DELIVERY INFORMATION**

PLEASE SEND TO STUDENT'S ADDRESS ABOVE  
 PLEASE SEND TO ALTERNATE ADDRESS BELOW

<p>NAME: _____          ATTENTION: _____          ADDRESS: _____          CITY/STATE/ZIP: _____          CONTACT NUMBER: _____</p> <p>Address 1: <input type="checkbox"/> OFFICIAL _____  <input type="checkbox"/> UNOFFICIAL _____</p>	<p>NAME: _____          ATTENTION: _____          ADDRESS: _____          CITY/STATE/ZIP: _____          CONTACT NUMBER: _____</p> <p>Address 1: <input type="checkbox"/> OFFICIAL _____  <input type="checkbox"/> UNOFFICIAL _____</p>
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(Only official transcripts are embossed, signed, and bear the school seal.)

**4**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Processor: \_\_\_\_\_