



Request for Official Transcripts and Academic Records Release

Instructions:

- Print the name and complete address of agency/individual to which you authorize the release of your transcript/academic record.
- If you are requesting more than two transcripts, please use an additional form.
- Include a \$5.00 processing fee for each request. Make check or money order payable to "Maryland University of Integrative Health." Allow 3-5 days for normal processing.
- Include a \$50.00 evaluation fee for transcripts going to the California & Washington State Boards. Allow 6-8 weeks processing.
- Sign the form. We cannot release a transcript without your signed authorization.
- **All financial obligations to Maryland University of Integrative Health must be met before the request will be processed.**

Student Information Name (please print) _____ Date of Birth: ____/____/____
 Former name (s): _____ Last 4 digits of SSN: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone Number: _____
 Program _____ Class/Track: _____

I authorize the release of my transcript/academic records to the following:

Name: _____ Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Number of copies to be sent: _____

Name: _____ Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Number of copies to be sent: _____

Signature: _____ Date: _____

Form of Payment

Payment must be submitted with the form for processing.

Credit Card (circle one): Visa MasterCard Amount to be charged: \$ _____ Name on card: _____
 Card number: _____ Expiration date: _____ Verification Code (3 digits): _____
Cash: \$ _____ **Check:** \$ _____ Check number: _____