



TRANSCRIPT REQUEST

Palmer College of Chiropractic, West campus
90 E. Tasman Dr., San Jose, CA 95134
Phone: (408) 944-6000 Fax: (408) 944-6196

I hereby request Palmer College of Chiropractic, West campus to forward an official copy of my transcript to the following:

Name of Third Party (institution, state board, etc.)

Address

City State Zip Code

ALUMNI/STUDENT INFORMATION

Social Security Number

Date of last enrollment or graduation

Date of Birth

Print Your Name

Telephone Number

Signature

Date of Request

Address

Visa/M.C.#

Exp. Date

CDC# (3 digit)

Name on Visa/M.C.

Note: Each student or graduate is furnished **one transcript** of college records free of charge; **additional transcripts** are furnished at **\$5.00** each, payable in advance. No transcript is issued to anyone with outstanding obligations to the College. Transcripts cover only courses taken at Palmer College of Chiropractic Davenport. All transcripts issued directly to students will be unofficial. Please allow an additional _____ fee for UPS Next Day Air Mailing.