

**PALMER COLLEGE OF CHIROPRACTIC  
REGISTRAR'S OFFICE - TRANSCRIPT REQUEST FORM**

Davenport Campus  
1000 Brady Street  
Davenport, IA 52803  
Phone: (563) 884-5863  
Fax: (563) 884-5864

West Campus  
90 E. Tasman Drive  
San Jose, CA 95134  
Phone: (408) 944-6065  
Fax: (408) 944-6196

Florida Campus  
4777 City Center Parkway  
Port Orange, FL 32129  
Phone: (386) 763-2781  
Fax: (386) 763-2635

- Complete the form (PRINTING LEGIBLY) and return it to the appropriate campus address listed above.
- Select the type of transcript request.
- Provide us with any other materials necessary for individual State Board requests.
- Select a method of transcript disbursement.
- Select a method of payment. All documents being requested by fax must be paid for by a credit card number.

**MY PERSONAL STATUS:**

D.C. ALUMNI     B.S. ALUMNI     A.S.C.T. ALUMNI     M.S. ALUMNI     FORMER STUDENT (Not a graduate)  
 CURRENT D.C. STUDENT     CURRENT A.S.C.T. STUDENT     CURRENT B.S. STUDENT     CURRENT M.S. STUDENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ GRADUATION DATE OR CLASS # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ MATRIC # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ S.S.N. # \_\_\_\_\_

**TRANSCRIPT REQUEST: (Please provide us with any additional forms requested by individual State Boards)**

The State Board of Chiropractic for the State(s) of \_\_\_\_\_ (we have all addresses)

The following Third Party receiving the transcript (school, business, etc.) \_\_\_\_\_  
Third Party address \_\_\_\_\_

Myself: OFFICIAL DOUBLE SEALED transcript which I will forward to \_\_\_\_\_

\* Must be addressed to the third party who will be the final recipient of the transcripts. Requests will not be completed without this information.

Myself: UNOFFICIAL copy for own personal use (NOTE: also available through Campus Connect for current students)

Please mail transcript NOW     Please mail transcript upon completion of current term of enrollment

Clinic Capstone Programs (fee waived)

**METHOD OF DISBURSEMENT:**

Transcripts are sent U.S. mail at no additional cost.

UPS Next Day Air or USPS Express Mail is available, with actual costs being calculated and charged at shipping time.

**We are unable to ship next day to P.O. Boxes.**

For international next day shipments, please provide phone number of destination recipient: \_\_\_\_\_

**METHOD OF PAYMENT RECEIVED:**

Transcripts for scholarships or doctors applying to the preceptor program are processed free of charge.

\$5.00 per transcript     \_\_\_\_\_ (Number of transcripts requested) = \$ \_\_\_\_\_ TOTAL

Call (numbers above) for expense of UPS Next Day Air or USPS Express Mail \$ \_\_\_\_\_ TOTAL

CASH     CHECK     MONEY ORDER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME ON THE CREDIT CARD \_\_\_\_\_ CDC # (3 digits) \_\_\_\_\_

ADDRESS OF CARD HOLDER IF OTHER THAN ADDRESS ABOVE \_\_\_\_\_

Please allow two weeks from request received date to the designated destination date (except for Next Day Air or Express Mail requests).