

**For Palmer College of Chiropractic – Davenport – graduates only.
Transcript Request Form for the Intern Preceptorship Program.
Please mail this form with your completed application.**

**If you are a graduate of a chiropractic college other than Palmer Davenport,
please contact your college's Registrar's office to request transcripts.**



TRANSCRIPT REQUEST

Palmer College of Chiropractic Davenport
1000 Brady Street, Davenport, IA 52804
Phone: (563) 884-5654 Fax: (563) 884-5864

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

Clinic Capstone Programs Office

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

1000 Brady Street

Address

Davenport

IA

52803

City

State

Zip Code

ALUMNI/STUDENT INFORMATION

Social Security Number

Matriculation #

Date of last enrollment or graduation

Date of Birth

Print Your Name

Telephone Number

Signature

Date of Request

Address