



UNITED MEDICAL INSTITUTE

Official Transcript Request Form

Please submit this form with an acceptable form of payment in person or:
Mail to: 5280 Auburn Blvd.
Sacramento, CA 95841

Fill out this form in its entirety. Incomplete forms will not be processed.

Please choose an acceptable form of payment:

Check #: _____ Money Order: Cashier's Check: Cash:

Student Information:

Applicant (legal Name) _____		
(First)	(Middle)	(Last)
Social Security # ____ - ____ - _____	Date of Birth ____ - ____ - _____	Driver's License/ID # _____
Home Telephone: ____ - _____ - _____	Work Telephone ____ - _____ - _____	Cell Phone: ____ - _____ - _____
Address Line 1: _____	City: _____	State: _____ Zip _____
Address Line 2: _____	City: _____	State: _____ Zip _____
E-mail: _____	Fax #: ____ - _____ - _____	

Please choose the attended program:

Ultrasound: Cardiovascular: Vascular: Medical Assistant: Massage Therapy:

Other: _____

Date of Attendance: From: _____ To: _____

Date of graduation (if applicable): _____

of OFFICIAL Transcripts Requested: _____

Cost per Official Transcript: **\$15.00**

Total Amount Due: _____

Transcript to be sent to the following address: Official Transcript:

Address Line 1: _____ City: _____
State: _____ Zip _____

Address Line 2: _____ City: _____
State: _____ Zip _____

Please note that once a transcript has been opened it is no longer considered an Official Transcript as the seal has been broken. Please allow up to two weeks from the date of receipt to the date of issuance. Please contact the school regarding additional payment for rush orders.

Student Signature: _____ Date Request: _____

FOR OFFICIAL USE ONLY:	School Official Signature: _____	Date of Receipt: _____	Issue Date: _____	In Person: <input type="checkbox"/> Mailed: <input type="checkbox"/>
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