



# 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

Please choose an acceptable form of payment:

Check #: \_\_\_\_\_  Money Order:  Cashier's Check:  Cash:

Student Information:

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please choose the attended program: Other: \_\_\_\_\_

Ultrasound:  Medical Assistant:  Massage Therapy:  Echocardiography:  CNA:

Date of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Date of graduation (if applicable): \_\_\_\_\_

# of OFFICIAL Transcripts Requested: \_\_\_\_\_ # of UNOFFICIAL Transcripts Requested: \_\_\_\_\_

Cost per Official Transcript: \$15.00 Cost per Unofficial Transcript: No Cost

Total Amount Due: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

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

\_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*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 Issue Receipt: _____	Issue Date: _____	In Person: <input type="checkbox"/>	Mailed: <input type="checkbox"/>
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