



Pacific Times Healthcare College

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TRANSCRIPT REQUEST FORM

Please allow 10 business days for transcript requests to be processed.

Student Name: _____

last 4# of SS#: _____

DOB: _____ Phone: _____

Graduate/Student Mailing Address: _____

City _____ State _____ Zip _____

Previous name(s) used while attending PTHC: _____

Start Date of course (MM/DD/YY): _____

What Campus (circle one): Corona or Moreno Valley

Student Signature: _____	Date: _____
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Number of transcripts requested: ____ First transcript is free of charge. All others 10.00 per copy

Transcript Delivery Method: _____ Student Pickup*(Date to pick up): _____
(You must show a picture ID in order to receive transcripts in person)

MAIL TRANSCRIPT TO: Name/Institution: Send a self-addressed envelope with a stamp

Attn: _____

Street Address _____

City _____ State _____ Zip _____

Disclaimer: Although in good faith, PTHC will post your mail, note that PTHC will not be responsible for any unreceived/delayed mail or any inconveniences caused by delay.