



ASHDOWN COLLEGE OF HEALTH SCIENCES

VERITATUM. SAPIENTIAM. ET OFFICIUM.

101 E. Redlands Blvd., Ste #285, Redlands, CA 92373

For Office Use Only

Date Received: _____
 Financial Clearance: _____
 Date Transcript Mailed: _____
 Date Transcript Picked Up: _____
 Date Transcript Faxed: _____
 Amount Paid: _____

Home Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Are you a current student? (Circle One) Yes No

If yes, send transcript after completion of: (Circle One)

Associate Certificate

Student Information

Please Print YOUR NAME and MAILING Address below:

Date: _____

FULL Name: _____

Last First Middle

Former Name (if applicable)

Last First Middle

Current Address: _____

Sending Information

Each official copy of the transcript is packaged in an individually sealed envelope

I would like to pick up _____ official copies of my transcript.

Please mail my official transcripts to:

NCBTMB
1901 S. Meyers Rd., Suite 240

Oakbrook Terrace, IL 60181-5243

Number of Official Copies: _____

CAMTC
One Capitol Mall, Suite #320

Sacramento, CA 95814

Number of Official Copies: _____

Mailing Address:

Number of Official Copies: _____

Order and Payment Information

- Processing time for all requests is 10 business days.
- Processing time and pricing are the same for official and unofficial transcripts.
- Delivery time is separate from processing time.
- Rush processing is not available.

Quantity

All transcripts cost \$10.00 x _____ = _____

Delivery

Regular MailNo Additional Charge

Overnight (No PO Box).....\$25

Express/ Priority Mail (2 days)\$20

(delivery Confirmation)

Prices for Rush Delivery may be higher for international destinations (call for details)

Payment:

Check or money order made payable to: **Michele Kraft**
(Chancellor)

Student Signature _____

By federal law we cannot send your transcripts without your signature— No transcripts are issued until all of your financial obligations to ACHS have been met and all clinical hours completed.