

Graduate Request for Official Transcript or Duplicate Diploma

In order to send an official transcript to another educational institution, the CORE Institute requires that this form be completed in full. In order to protect your privacy, all requests must be submitted in writing. CORE Institute can take a phone order with a credit card.

The Core Institute will mail your Official Transcript to the Educational Institution indicated below. Please note that most State Licensure Boards, as well as the NCBTMB require the educational institution to send all official transcripts directly to the Boards. Upon request, an official copy can be sent to you. Please note that if this transcript is unsealed it becomes an unofficial copy and cannot be mailed to any Board for licensure purposes, or to any School for official transfer credit purposes.

There will be a \$5.00 processing fee for each transcript and/or diploma requested. Please make your check or money order payable to CORE Institute. Please allow a minimum of 2 weeks for the Official Transcript/Diploma to be sent to the Educational Institution indicated in Part 2 of this form. After entirely completing this information, please mail or fax this form to the CORE Institute.

Please check the appropriate box in Part 1 of the form to indicate whether you are requesting a transcript or a diploma. (rev 08/2008)

Part 1: Individual Requesting the Transcript, Diploma. (Please check appropriate boxes.)

Please fill out your most current information. (Please Print Clearly)

FIRST NAME MIDDLE NAME LAST NAME (IF CHANGED, WHAT IT WAS IN SCHOOL)

PROGRAM YOU ENROLLED IN : SPRING/FALL DAY/EVENING YEAR SOCIAL SECURITY NUMBER

STREET ADDRESS

APT. NUMBER

CITY

STATE

ZIP

HOME/CELL PHONE

E-MAIL ADDRESS

PAYMENT METHOD: (Please circle appropriate selection): CHECK MONEY ORDER MASTERCARD VISA DISCOVER

Signature: _____ Credit Card # _____ Expiration date ____/____/____

Part 2: Please fill out the name and address of the Educational Institution you want your official transcript mailed to. (Please Print Clearly)

NAME OF EDUCATIONAL INSTITUTION

NAME OF OFFICE OR DEPARTMENT

STREET ADDRESS AND P.O. BOX, IF APPLICABLE

CITY

STATE

ZIP

SIGNATURE

DATE



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