



United Medical Institute

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TRANSCRIPT REQUEST FORM

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

Student Information:

Legal Name: _____
(First Name) (Middle) (Last Name)

Social Security#: ____ - ____ - ____ Date of Birth: ____ - ____ - ____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Address: _____

City: _____ State: _____

E-mail: _____

Program(s) Attended:

· Ultrasound Technology · Cardiovascular Technology · Vascular Technology · Medical Assistant · Massage Therapy

Dates Attended: From: _____ To: _____

Transcript Type:

· OFFICIAL Transcripts cost \$20 each for regular delivery (2 weeks)

Number requested _____ Total Cost _____

· RUSHED OFFICIAL Transcripts cost \$35 each

Number requested _____ Total Cost _____

Transcript(s) to be:

Transcript type: · OFFICIAL Number of transcripts: _____

· Picked up in Person

· Mailed to:

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Student signature: _____ Date of the Request: _____

PLEASE NOTE THAT A TRANSCRIPT IS NO LONGER CONSIDERED OFFICIAL ONCE THE SCHOOL SEAL ON THE ENVELOPE IS BROKEN.

For School Use Only:

Registrar Signature

Date of Receipt

Issue Date

Picked up in person: ·

Mailed: ·