

Arizona School of Acupuncture and Oriental Medicine

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Request for Academic Transcript & Student Records

Date of Request: _____ Dates of Attendance: (or Master's Class) _____

Student Name: _____

Current Address: _____

Phone: _____ email: _____

City _____ State _____ Zip _____

Status: Graduate Withdrawn Currently Enrolled

Send to:

- NCCAOM (academic transcript required to sit for board exams and at graduation)
- Arizona State Board (graduation transcript required for licensure)
- Other _____

Street Address: _____

City / State / Zip: _____

Documents Requested

- Copy of Student Records \$5.00
- Official Transcript \$10.00
- Unofficial Transcript no charge

Mailing Fees:

- Student Records \$10.00
- Transcript - First Class no charge
- Transcript - Overnight mail service (domestic) ... \$25.00
- Transcript - International \$10.00

Total Fee Amount: \$ _____

Signature: _____

In accordance with Family Education Rights and Privacy Act of 1974, your signature is required to release these records.

Please, allow two weeks for processing. Multiple transcripts may be requested on this form.