



LIFE CHIROPRACTIC COLLEGE WEST

Please send ____ transcripts (no. of copies)

TRANSCRIPT REQUEST FORM

Registrar's Office
Life Chiropractic College West
25001 Industrial Blvd
Hayward, CA 94545
FAX: 510-780-4580

<p>REQUESTED BY: (Please Print)</p> <p>_____</p> <p>Student ID # _____</p> <p>Date of Birth _____</p> <p>Phone (____) _____</p> <p>_____</p> <p>(First) (Middle/Maiden) (Last Name)</p> <p>_____</p> <p>(Present Address)</p> <p>_____</p> <p>(City) (State) (Zip)</p> <p>X _____</p> <p>_____ Signature of Student - authorizing release of transcript</p> <p>Date: _____</p>	<p>__ Official Transcript</p> <p>__ Unofficial Transcript</p> <p>1. Are you currently enrolled? __ Yes __ No</p> <p>2. If not currently enrolled, indicate year/quarter of last LCCW attendance: _____</p> <p>3. Did you graduate from LCCW? __ Yes __ No</p> <p>PLEASE CHECK ONE OR MORE:</p> <p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> At end of quarter</p> <p><input type="checkbox"/> Include Work In-Progress</p> <p><input type="checkbox"/> Upon Graduation</p>
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SEND TO: Print plainly

<p>_____</p> <p>_____</p> <p>_____</p>	
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TRANSCRIPT REQUEST POLICIES

1. Transcripts are NOT ISSUED until ALL OUTSTANDING ACCOUNTS WITH THE COLLEGE are paid.
2. Normally allow 5 – 7 days for processing. Requests made at the end of the term may be delayed due to grade processing.
3. Work-In-Progress transcripts will be marked accordingly for students who are currently enrolled once the student has registered for a specific term.
4. There is currently no charge for transcripts. They are included in your graduation fee.
5. Mail or fax completed signed form to:

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