

**TRANSCRIPT/DOCUMENT REQUEST FORM**  
Fax to: (510) 231-5155

Today's Date \_\_\_\_\_

Student ID# \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Maiden / Previous

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_

**Program/Course Attended:**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> A & P 1     | <input type="checkbox"/> Venipuncture        | <input type="checkbox"/> Phlebotomy        |
| <input type="checkbox"/> A & P 2     | <input type="checkbox"/> Radiography-Day     | <input type="checkbox"/> IVT & BW          |
| <input type="checkbox"/> CT Course   | <input type="checkbox"/> Radiography-Eve     | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Sonography -General |  |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Sonography-Cardiac  |  |
|                                      | <input type="checkbox"/> Nuclear Medicine    |  |

**Attended K.P.S.A.H.S.:** from: \_\_\_\_\_ to: \_\_\_\_\_

Requested Document(s)		# of Copies
<input type="checkbox"/> Official Transcript	Additional Information:	
<input type="checkbox"/> Unofficial Transcript		
<input type="checkbox"/> Duplicate Certificate		
<input type="checkbox"/> Enrollment Verification		
<input type="checkbox"/> Academic/Clinical Documents		

\_\_\_\_\_  
Signature Date

**The Kaiser Permanente School of Allied Health Sciences will not release transcripts from other institutions.**

- The first Transcript /Document is free of charge. A fee of \$5.00 per additional transcript/Document must accompany this request.
- Duplicate Certificate fee is \$10.
- Rush service is available at \$10.00 per Transcript/Document in addition to the regular (\$5) processing fee. \*

**Normal Transcript/Document Processing** will take up to 5-10 working days.

**Rush Transcript/Document Service\*** if request is received by 12 noon the transcript will be processed by 5pm same day. If received by 3pm M-F documents will be processed by 10am the following business day. Rushed transcripts may be mailed or picked up by the student (Photo ID required). **If the student has not picked up the Transcript/Documents in (10) days, they will be discarded.**

<p><b>Send Transcript/Documents To:</b></p> <p>Name _____</p> <p>Dept. _____</p> <p>Street _____</p> <p>City, State, and Zip Code _____</p>	<p><b>Send Transcript/Documents To:</b></p> <p>Name _____</p> <p>Dept. _____</p> <p>Street _____</p> <p>City, State, and Zip Code _____</p>
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**For Office Use Only**

No Charge, 1 <sup>st</sup> Copy ____	Number of copies Requested ( ) x \$5.00 =	Total charge to requestor:
Copies will be mailed within (5-10) business days. There is a \$10.00 additional charge for RUSH requests		
Processed by _____	Date sent / pickup _____	



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## **Transcript/Document Request Payment Instructions**

Please complete and fax the **Transcript/Document Request Form** before remitting payment.

**Payment by PayPal Only** - Copy the correct link below directly into your internet browser:

**\$5 Document Request Fee**

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=U7J44V4N9S3RG](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=U7J44V4N9S3RG)

**\$10 Certificate Request Fee**

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=PTEPLGSA7RJ9E](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=PTEPLGSA7RJ9E)

**\$10 Document Rush Fee**

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=RDQXZDHKAJUN4](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=RDQXZDHKAJUN4)

**Note:** If another person is paying for your **Transcript/Document Request** through PayPal, have that person enter your name in the comments section. Directly under their name and address, there is a small section called “Add special instructions to the seller”. Have the payer enter your name in that section