



Emperor's College of Traditional Oriental Medicine

1807 B Wilshire Blvd. Suite 200, Santa Monica, CA 90403

Phone: 310-453-8300 x106 Fax: 310-829-3838

Transcript Request Form

Fees: Official Transcripts: \$10 each
Unofficial Transcripts: \$5 each
(Waived for CURRENT or GRADUATED students sending to NCCAOM or CAB)

Instructions:

- Please print CLEARLY.
- This form needs to be signed and submitted in person, by fax, or by mail to Emperor's College in order for your request to be honored. We cannot accept requests over the phone. *Per FERPA laws, we cannot accept requests that are missing the signature of the student.*
- Any balance due must be paid before your request can be honored.
- Payment is accepted in the form of personal check, bank check, or money order, made out payable to ECTOM. We also accept VISA/Mastercard by phone after we have received your request. If paying in person we will accept cash, but please do not send cash in the mail.
- Requests are generally fulfilled within five (5) business days.

Name: _____

Former Name(s): _____

Address: _____

Phone: _____ Email: _____

SS#: _____ Date of Birth: _____

Date of enrollment or graduation: _____

Send my transcripts to the following address(es):

<input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Address:	Special Instructions:
<input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Address:	Special Instructions:

I authorize ECTOM to release my academic transcript to the entities listed on this form.

Signature _____ Date: _____

Office Use Only:	Fee Paid:	Date Processed:	Initials:
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