



Office Use Only

Date Sent _____

Staff _____

1st Request

2nd + more

Ready by _____

Transcript Request Form

Today's date _____

Full Name: _____ Last 4 SSN: _____

Program of Study: _____ Phone: _____
(Nails, Esthetics, or Master Cosmetology)

Receive Method Mail or Pick Up: Please allow 2 weeks to receive via mail - \$60 fee after first request

Mailing Address:

Students who enrolled more than 5 years since enrollment date would have to provide proof in order for transcripts to be processed.
(Examples: Tuition Receipt or documents school has given student with students name on it.)

Optional:

Request Sealed Transcript (\$25 Fee – Cash or Card only)

Name of State Board of School to be sent to: _____

Address: _____

Student's Signature Date