

OFFICIAL TRANSCRIPT REQUEST FORM

University of East-West Medicine, Administration Office
595 Lawrence Expressway, Sunnyvale CA 94085
(408) 733-1878

PLEASE PRINT:

Social Security Number: _____ Birth Date: _____
Month/ Day/ Year

Name: _____ Student ID: _____
Last First Middle

Address: _____ City: _____

State: _____ Zip code: _____ Daytime Phone: _____

Check One: Current Student From _____ to _____
Month/Year Month/Year

Former Student From _____ to _____
Month/Year Month/Year

Send Transcript(s) to: _____ Send Transcript(s) to: _____

Total Official Transcripts requested: _____

Payment due in advance; Amount Due: _____ Each Copy: \$ 10.00

Special Instructions: _____

Student's Signature _____ Date: _____
(Student's signature is required by Family Educational Rights Act, 1974)

Please Print Clearly

- 1) Routine request will be processed within 7 business days once received.
- 2) Transcripts are not released without student's signature.
- 3) Transcripts are not issued until all accounts with UEWM are cleared.
- 4) Transcripts from other colleges cannot be duplicated. Request each school directly for copies of their transcripts.

FOR OFFICE USE ONLY:

Amount received: _____ Circle one: Cash / Check / Credit Card

Request received by: _____ Date: _____

Transcript processed by: _____ Date transcript sent: _____