



FIVE BRANCHES UNIVERSITY

GRADUATE SCHOOL OF TRADITIONAL CHINESE MEDICINE

OFFICIAL TRANSCRIPT | RECORDS REQUEST FORM

There is a \$10.00 charge for each official transcript requested. There is a minimum \$5 charge for copies of student records.

There is a \$50 charge for official diploma re-issues. Diploma printing occurs 3 times per year.

EXCEPTION: Transcript fees are waived for unofficial transcript requests and for continuing students who request official transcripts be sent to NCCAOM or CA State Board.

STUDENT INFORMATION:

Name: _____ Date: _____

Email: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Student ID / Last 4-digits of SS#: _____ Program of Study: _____

Primary Campus Location: _____ Last Term of Enrollment: _____

- Official Sealed Transcript** (\$10) #Copies: _____
- Unofficial Transcript** #: _____
- Diploma** (\$50) #: _____
- Rush** (\$45)
- Copies of **Records** (\$5) #: _____ (Please Specify Type of Record Needed) _____

RECIPIENT INFORMATION:

- NCCAOM
- CA ACUPUNCTURE BOARD
- CAMTC
- PICK-UP
- OTHER, PLEASE SEND TO:

Name/Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ <- include for RUSH /Fed Ex deliveries, no PO Boxes

PAYMENT INFORMATION:

Credit Card # (Visa Master AMEX): _____ Exp: _____ 3-digit Code: _____

Cash Check # _____ Amt: \$ _____ includes Rush (2-3 day) Fee

Signature: _____

Five Branches University, Santa Cruz Campus
 Attn: Transcript Request
 200 Seventh Ave, Santa Cruz, CA 95062
 (E) scadmin@fivebranches.edu | (F) 831.476.8928

Five Branches University, San Jose Campus
 Attn: Transcript Request
 1885 Lundy Avenue, Suite 108, San Jose, CA 95131
 (E) sjadmin@fivebranches.edu | (F) 408.361.3166

Note: Transcripts will not be released if there are any outstanding financial obligations to the University. After a completed form and payment has been received, please allow 2 weeks for processing. Expedited requests will incur a \$45.00 fee.

University/Administration Use Only:

Date Received: _____ Date Completed: _____ **Fees Owed: \$** _____

All student accounts must be cleared prior to the release of any documents. Please note any balance owing and provide a statement fees owed.

ACCOUNTS FBU CLINIC ZENITH LIBRARY

Received