

Pacific College of Oriental Medicine
REQUEST FOR TRANSCRIPT / CERTIFICATE / DIPLOMA

7445 Mission Valley Road
Suite 105
San Diego, CA 92108-4408
619-574-6909 PH
619-574-6641 FAX

915 Broadway
3rd Floor
New York, NY 10010
212-982-3456 PH
212 982-6514 FAX

3646 N. Broadway
2nd Floor
Chicago, IL 60613
773-477-4822 PH
773-477-4109 FAX

(IT WILL TAKE APPROX. 3-5 BUSINESS DAYS TO PROCESS YOUR REQUEST)

REQUEST FOR: 1) TRANSCRIPT _____ DATE REQUESTED _____

- Fees: _____ Student Copy (no charge)
_____ Student Copy (official) \$5
_____ Official Sealed Copy (sent directly to school requesting) \$5
_____ 1000 Hour Transcript for Master's student/HHP licensing (no certificate) \$5
_____ Required documentation for other States (besides the above) \$15 per hour

2) CERTIFICATE / DUPLICATE DIPLOMA _____

- *Fees: _____ MTOM / MSTOM Diplomas/Certificate \$25 (Duplicate)
_____ Massage Program Students - no charge for original, \$25 for replacement
_____ MSTOM Massage Certificate (no charge)

Program/campus for which certificate is requested: (please circle) SAN DIEGO NEW YORK CHICAGO

DAOM - MTOM/MSTOM – BHS – AAS - Massage Technician - Massage Therapist/ABT - Tui Na

NAME: _____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL ADDRESS: _____

PAYMENT METHOD: CHECK CASH CREDIT CARD: VISA MASTERCARD

CREDIT CARD#: _____ V-CODE: _____ EXP DATE: _____

IF OFFICIAL/SEALED, MAIL TO: _____

OFFICE USE ONLY

Mail _____ Date Mailed _____

Pick up _____ Date picked up _____

Fee _____ Date fee paid _____

Issuer of document initials _____

Certificate/Transcript Release Checklist:

_____ Transcript in Hours or Units

(hours if vocational)

(units if Master's student)

_____ Tuition/fees paid in full

_____ Full acceptance

_____ File complete

Routing: _____ 1) Reception _____ 2) Accounts Receivable _____ 3) Registrar