

1500 E. Duarte Road, Duarte, CA 91010
 Office of the Registrar, Beckman Center #1110
 Fax: 626-471-3901
 Email: <mailto:Registrar@coh.org>

OFFICIAL TRANSCRIPT REQUEST FORM

Instructions: A fee of \$10 will be charged per transcript by personal check payable to City of Hope. This fee shall be waived if the school receives proof that a fellowship or grant application has been submitted. If you have outstanding financial obligations to the school; or if you are not in good academic standing, your transcript(s) will not be issued. Please note: transcripts cannot be ordered without a signed authorization. Please allow at least four (4) working days for processing upon receipt of request.

Information Requested

Student Name (First, Middle, Last)			Student Badge #
Address			
City	State	Zip	Year Entered

Signature Required In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcript(s)

Signature: _____ Date: _____

Transcript Details

1	Mail Transcript to (complete address of institution, organization, or company, including recipient name, and phone #):	Number of Copies: _____ Special Instructions:
	Mail Transcript to (complete address of institution, organization, or company, including recipient name, and phone #):	Number of Copies: _____ Special Instructions: