

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 (electronic) or \$30 (physical copy) will be charged via credit card per transcript. The 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.

Payment Portal: Please use the following link to pay the transcript fee by credit card: [Home Page - IMGS-Pay](#)

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: