



Transcript Request Form

Date: _____ Student ID #: _____

Requests will be processed as quickly as possible in the order of application. Please allow two weeks for processing. Extra time may be needed during peak periods (e.g. registration)

Please type or print legibly. Fax this to ACHS at 503 244 0727 or mail to ACHS, 5940 SW Hood Avenue, Portland OR 97239 USA.

Personal Information

Dates of Attendance: _____ Social Security Number: _____

Date of Birth: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Name while attending if different than above: _____

Official Transcripts Requested: _____

Signature: _____

Send Transcript(s) to:

School/Institution/Company: _____

Address: _____

Attention: _____

Official transcripts are \$10 each. Send check payable to ACHS or call (800) 487-8839 to make a credit card payment. No transcripts are issued to students with unpaid accounts.
