



# HARMONY HEALTH CARE INSTITUTE, INC.

## Transcript Request Form

(PLEASE PRINT CLEARLY.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Graduating Class \_\_\_\_\_

This document is an official Transcript Request Form for Harmony Health Care Institute graduates. In order to have your transcript request processed promptly: 1) COMPLETE THIS FORM: Print clearly to ensure correct delivery. 2) PROVIDE A MONEY ORDER for the correct amount. EACH official transcript requires a \$10.00 fee. Transcripts are automatically sent by First Class Mail unless otherwise requested. NOTE: If you elect to have your transcript sent by Express or Priority mail, it will be mailed ONCE IT IS PREPARED. Selecting expedited delivery DOES NOT MEAN your transcripts will be prepared instantaneously. 3) SEND THIS COMPLETED TRANSCRIPT REQUEST FORM AND A MONEY ORDER for the correct amount due to: Harmony Health Care Institute, Inc., 10 Al Paul Lane, Suite 204, Merrimack, NH 03054.

### PLEASE ALLOW UP TO TWO (2) WEEKS FOR PROCESSING AND DELIVERY

**Destination 1:**  First Class Delivery (\$10.00 each)  Priority Mail (Additional \$10.00)  Express Mail (Additional \$30.00)

Student/School/Company Name: \_\_\_\_\_

\*Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Attention to: \_\_\_\_\_

**Destination 2:**  First Class Delivery (\$10.00 each)  Priority Mail (Additional \$10.00)  Express Mail (Additional \$25.00)

Student/School/Company Name: \_\_\_\_\_

\*Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Attention to: \_\_\_\_\_

**\*ATTENTION: It is the responsibility of the graduate to provide Harmony Health Care Institute, Inc. with a COMPLETE mailing address for the transcript destination, including department, office or contact name/title. PLEASE BE AWARE that many colleges, universities, career schools and employers have very large and/or multiple campuses. Unless a specific destination address is provided, it is likely that your transcript will be lost or misplaced by the receiving institution or employer. NO employee or agent of Harmony Health Care Institute, Inc. will undertake research in order to find the correct, complete mailing address for your intended transcript destination. YOUR TRANSCRIPT(S) WILL BE SENT TO THE ADDRESS(ES) YOU INDICATE ON THIS FORM.**

I authorize Harmony Health Care Institute, Inc. to release my student records (Transcripts) to the parties listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: VERY IMPORTANT! If this transcript is for a college or career school: The college/career school to which you are applying MAY NOT accept transcripts handed to them by you. The institution may require that the transcript be mailed directly from Harmony Health Care Institute, Inc. to the institution, in order for the transcript to be considered OFFICIAL. Inquire from the institution regarding their requirements before listing the destinations on this form. Transcripts will be sent to the listed names and addresses.

10 Al Paul Lane, Suite 204, Merrimack, New Hampshire 03054

603-886-0822 • Fax: 603-886-0877

[www.harmony-health.org](http://www.harmony-health.org)