



HARMONY HEALTH CARE INSTITUTE, INC.

Official Academic Transcript Request Form

(PLEASE PRINT CLEARLY.)

First Name: _____ Last Name: _____ Date of Birth (mm/dd/yyyy): _____
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Email: _____ Graduating Class: _____

INSTRUCTION: This document is an Official Academic Transcript Request Form. To facilitate the timely processing and delivery of your transcript, please carefully read and complete this FORM by providing the required information as applicable to you, using the following steps: 1). Complete the FORM by printing the requested information in the space provided - be sure to PRINT clearly; 2) Return the completed FORM along with the applicable processing fee (MONEY ORDER ONLY – made payable to Harmony Health Care Institute) in a sealed envelope addressed as follows: **The Finance Department, Harmony Health Care Institute, Inc., 10 Al Paul Lane, Suite 204, Merrimack, NH 03054.** Further, 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 to find the correct, complete mailing address for your intended transcript destination. **YOUR TRANSCRIPT(S) WILL BE SENT TO THE ADDRESS YOU INDICATE ON THIS FORM.**

OFFICIAL ACADEMIC TRANSCRIPT PROCESSING AND MAILING FEE SCHEDULE – MONEY ORDER ONLY

- 1). One Official Academic Transcript Document with/without regular First-Class USPS Mailing (no mail tracking): \$20.00
- 2). One Official Academic Transcript Document with Priority USPS Mailing (Expedited Mail Delivery - tracking included): \$30.00
- 3). One Official Academic Transcript Document with Express USPS Mailing (Expedited Mail Delivery - tracking included): \$40.00
- 4). One Official Academic Transcript Document with Standard International USPS Mailing (mail tracking included): \$50.00

Please Indicate Amount Enclosed: \$ _____ Money Order #: _____

NOTE: If you elect to use expedited delivery option (i.e., Priority or Express), please be aware that Official Transcripts will be mailed **ONCE IT IS PREPARED.** Expedited delivery option **DOES NOT MEAN** your transcripts will be prepared instantaneously. **For first-class USPS mailing, please allow up to two (2) weeks for processing and delivery.**

Transcript Recipient # 1 (please check as applicable): First Class Mail Priority Mail Express Mail International Mail

Full Name (Individual, Institution, etc.): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Attention: _____ Telephone #: _____ Email: _____

Transcript Recipient # 2 (please check as applicable): First Class Mail Priority Mail Express Mail International Mail

Full Name (Individual, Institution, etc.): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Attention: _____ Telephone #: _____ Email: _____

Authorization: By my signature below, I authorize Harmony Health Care Institute, Inc. to release my Official Academic Transcript to the parties listed above.

Name of Requester: _____ Signature: _____ Date: _____

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

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www.harmony-health.org