



# Harmony Health Care Institute, Inc.

## Transcript Request Form

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

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This document is an official Transcript Request Form for Harmony Health Care Institute Graduates. In order to have your transcript(s) request processed promptly: 1) COMPLETE THIS FORM: Follow the instructions in SECTION 1 to indicate where you would like your official transcript(s) to be sent. You may select up to two (2) destinations per form. 2) PROVIDE A MONEY ORDER for the correct amount. **EACH** official transcript requires a \$10.00 payment. If you would like to have your transcripts sent via FedEx, you must include an additional \$32.00 per destination. NOTE: if you elect to have your transcripts sent by FedEx, your transcripts will be sent overnight ONCE THEY ARE PREPARED. Selecting FedEx delivery DOES NOT MEAN your transcripts will be prepared overnight. 3) SEND THIS FORM AND PAYMENT INSTRUMENT (MONEY ORDER) to Harmony Health Care Institute, Inc. / 10 Al Paul Lane, Suite 204, Merrimack, NH 03054.

Destination 1:  School  Employer  Student's Home  \*\* Send Express (include an additional \$20.00)

School /Company Name:

\* Address:

City:

State:

Zip Code:

Attention / Telephone Number for FedEx:

Destination 2:  School  Employer  Student's Home  \*\* Send Express (include an additional \$20.00)

School /Company Name:

\* Address:

City:

State:

Zip Code:

Attention / Telephone Number for FedEx:

**\* 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, technical 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 THE THE ADDRESS(ES) YOU INDICATE ON THIS FORM**

**\*\* NOTE: For Express Mail you must provided a PHYSICAL MAILING ADDRESS and a telephone number that RINGS TO THAT ADDRESS in order to receive Express Mail service.**

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 vocational school, the transcript MUST be mailed directly from Harmony Health Care Institute, Inc. to the institution, in order for the transcript to be considered OFFICIAL. The college/vocational school to which you are applying MAY NOT accept transcripts handed to them by you. You may also request for a copy to be mailed to your home address for a fee. If you wish for HHCI to a copy to a school and ac opy to you, write the school address in destination 1 and your address in destination 2.

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