



# TRANSCRIPT REQUEST / EDUCATION VERIFICATION

Fee: Official transcripts \$10.00 per copy, \$5.00 for additional copies at time of request. No fee for education verification.

Please complete all information:

Official transcripts requested    Unofficial transcripts requested    Education verification only

Student Name		Campus attended	
Other Name(s) used			
Current address			
City	State	Zip	
Phone number	Phone number other		
Email Address			
Date of birth	Student ID or SSN		
Program	Dates Attended		

Enrollment status:    Current Student    Graduate    Withdrawn

Action Requested (select one):

Fax to: Attention \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

Email to (for Education Verifications Only) \_\_\_\_\_

Mail to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other instructions \_\_\_\_\_

**Student Signature (REQUIRED)** \_\_\_\_\_ **Date** \_\_\_\_\_

### Mail the completed form and payment to the campus location attended - Attention: Registrar

- Transcripts cannot be released without the student's signature.
- Transcript requests for records 1994 and after require 3 business days for processing. Transcript requests for records prior to 1994 require 30 days from date of receipt at home office for processing.
- Transcripts are not released to students with outstanding balances on their student accounts.
- Failure to complete exit counseling may result in placement of a hold on students' records, which would prevent fulfillment of transcript requests.
- Carrington College can only release transcripts from Carrington College (formerly Apollo College or American Institute of Health Technology). You must apply directly to each institution for your academic record at that school.

### Registrar use only

Amount paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Request completed by \_\_\_\_\_ Date completed \_\_\_\_\_

Date sent to Home Office \_\_\_\_\_ Home Office received on \_\_\_\_\_

Home Office response date \_\_\_\_\_

Student Name \_\_\_\_\_ Student D# (if known) \_\_\_\_\_

## CREDIT CARD PAYMENT AUTHORIZATION

Card Information:

American Express    Master Card    Visa

Amount authorized to charge credit card \_\_\_\_\_

Debit/Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Three digit CSV number on back of card \_\_\_\_\_

Cardholder authorized signature \_\_\_\_\_

Cardholder name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Please submit your request form and payment to the campus location attended - Attention: Registrar

**Albuquerque Campus**  
1001 Menaul Blvd. NE  
Albuquerque, NM 87107  
Phone: 505-254-7777  
Fax: 505-254-1101

**Boise Campus**  
1122 N. Liberty St.  
Boise, ID 83704  
Phone: 208-377-8080  
Fax: 208-322-7658

**Las Vegas Campus**  
5740 S. Eastern Ave.  
Ste. 140  
Las Vegas, NV 89119  
Phone: 702-688-4300  
Fax: 702-688-4140

**Mesa Campus**  
1001 W. Southern Ave.  
Ste. 130  
Mesa, AZ 85210  
Phone: 480-212-1600  
Fax: 480-212-1629

**Mesquite Campus**  
3733 W. Emporium Circle  
Mesquite, TX 75150  
Phone: 972-682-2800  
Fax: 972-682-2801

**Online**  
4742 N. 24th Street  
Suite 360  
Phoenix, AZ 85016  
Phone: 855-777-1921

**Phoenix North Campus**  
8503 N. 27th Ave.  
Phoenix, AZ 85051  
Phone: 602-393-5900  
Fax: 602-393-5937

**Phoenix West Campus**  
2701 W. Bethany Home Rd.  
Phoenix, AZ 85017  
Phone: 602-433-1333  
Fax: 602-433-1414

**Portland Campus**  
2004 Lloyd Center, 3rd Floor  
Portland, OR 97232  
Phone: 503-761-6100  
Fax: 503-467-5224

**Reno Campus**  
5580 Kietzke Ln.  
Reno, NV 89511  
Phone: 775-335-2900  
Fax: 775-335-2901

**Spokane Campus**  
10102 E. Knox Ave.  
Ste. 200  
Spokane, WA 99206  
Phone: 509-532-8888  
Fax: 509-533-1096

**Tucson Campus**  
201 N. Bonita Avenue  
Suite 101  
Tucson AZ, 85745  
Phone: 520-888-5885  
Fax: 520-917-3953