



Hand and Hand Health Training Center  
2915 Raeford Road, Suite 101  
Fayetteville, NC 28304  
[Information1@handandhandhealthtrainingcenter.com](mailto:Information1@handandhandhealthtrainingcenter.com)  
T:910-600-5886 F:910-600-5088

### **Transcript Request Form**

All financial obligations and records holds from the school must be met before an official transcript can be issued. Please complete and sign the request and return it in person, or by fax, email, or mail to the address above with the processing fees if applicable. Please allow up to 2 business days for processing.

Student Name: \_\_\_\_\_

Student SSN#: \_\_\_\_\_

Address for Transcripts: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### **OFFICIAL TRANSCRIPTS REQUESTED OFFICIAL**

**First Request: no charge**

**Additional Requests: (\$25 per transcript)**

#### **Additional Locations for Transcripts to be sent:**

1. Address for Transcripts:

\_\_\_\_\_

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

2. Address for Transcripts:

\_\_\_\_\_

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

3. Address for Transcripts:

\_\_\_\_\_

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

If you have any questions regarding the request for academic transcripts, please contact our office at **information1@handandhandhealthtrainingcenter.com**. Please arrange to pay the

required \$25 fee per transcript after the first transcript. Transcripts will be processed after both the form and the payment have been received. If payment is not received within 30 days of receipt of this form, the form will no longer be valid.

**Payment methods:**

1. To pay via phone, call the Business Office.
2. To pay by mail or in person, include payment with this form.

**For security purposes, please do not mail cash.**

\*\*I hereby authorize Hand and Hand Health Training Center to release my transcripts according to the above selection.\*\*

Student Signature:

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Date: \_\_\_\_\_