PIHMA
Phoenix Institute of Herbal Medicine & Acupuncture
COLLEGE & CLINIC

Academic Transcript Request

Request Options:

- Email: Scan and send this completed form to jdrayer@pihma.edu
- Fax: Fax this completed form to 602-274-1895
- Mail: Mail this completed form to: PIHMA
  301 E. Bethany Home Road Suite A-100
  Phoenix, AZ 85012

Name: _____ _____ _____
First Middle Last

Maiden Name:_____ **Date of Birth:** ___/ ___/ _____

Email: _____ **Phone:** _____

Student Signature: _____ **Date:** _____

Receipt Information:

Check One of the Following:

- ☐ Issue Transcript Now
- ☐ Hold for Current Semester Grades
- ☐ Hold for Current Degree Posting

Check One of the Following:

- ☐ Unofficial Transcript (no fee)
- ☐ Official Transcript - $10.00 fee (First request is free of charge)
  Send to:
  _____
  _____
  _____
- ☐ NCCAOM – Official Transcript "Graduated Status" - $10.00 fee
- ☐ State of Arizona Acupuncture Board – Official Transcript "Graduated Status" $10.00 fee

For Office Use Only:

☐ Student has met financial obligations Registrar processed _____/_____/_____