



REQUEST FOR OFFICIAL TRANSCRIPT(S)

Name: (at time of graduation)		Date:	
Street Address:		City/State:	Zip:
Student ID:	Social Security Number:	Birth Date:	
Email:			
Degree Program:		Last Semester Completed:	Year:
<p>Please complete and return this form in order to request a copy of your transcript. There is a \$10 per transcript for a New Charter University Transcript. A transcript is an "educational record" which cannot be released without a student's hand written signature.</p>	MAIL TRANSCRIPT TO:		
	Name:		
	Address:		
	City, State, Zip:		
Signature:	Country/Postal Code (if outside of US)		

Payment Authorization	
\$10 per transcript	
Name:	Billing Address: (if different from address above)
Phone Number:	
Please Circle One: Visa MasterCard Discover American Express	
Credit Card Number:	
Expiration Date:	Onetime Payment of: \$
I authorize Global Heritage Education Inc. dba New Charter University to withdraw funds from my credit card as stated above.	
Signature:	Date:
<p>This form may be submitted via fax (801) 855-5922 or mailed to: New Charter University · Office of Registrar · 50 W Broadway, Suite 300 · Salt Lake City, UT 84101</p>	