



## REQUEST FOR TRANSCRIPT(S)

Name: (at time of graduation)		Phone Number:	
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 <b>\$10 per official transcript</b> for a New Charter University Transcript. <b>(International Students fee is \$20 to cover the cost of shipping.)</b> A transcript is an "educational record" which cannot be released without a student's hand written signature.</p>	<b>MAIL TRANSCRIPT TO:</b>		
	<b>Name:</b>		
	<b>Address:</b>		
	<b>City, State, Zip:</b>		
	<b>Country/Postal Code (if outside of US)</b>		
Signature:			

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