

TRANSCRIPT REQUEST FORM

Name: _____
Student ID or Social Security#: _____ Phone# _____
Address: _____

Special Options:

- Hold for Grades
(Current semester grades only)
- Send via FedEx*-Not offered for
P.O. Box & APO addresses
- Unofficial Transcript
(Available free of charge)
- Official Transcript

Send to:

Send to:

Total Number of Copies: _____

Official Transcript Fee: \$10 for the first copy and \$1 for each additional copy on the same request, this includes electronic, official copies. Unofficial transcripts are available free of charge. ***FedEx Shipping:** Additional \$20 fee per address within the U.S. & Canada. In addition to the Transcript fee, you will also be charged the FedEx fee. International charges for FedEx delivery may vary, which you will also be responsible for.

Required Authorization (Please Sign):

Student's Signature: _____ Date: _____

By signing this form you authorize the InSpiredCare Academy Registrar's Office to send your transcript(s) to the designated person or organization listed above.

Payment Information: (We also accept payment by check, money order or cash if you mail your request to our office.)

Credit Card #: _____ Expiration Date: _____

Billing Zip Code: _____ Card Security Code (CVC) _____

You may also opt to pay online on our website at www.inspiredcareacademy.com

Contact Information & Instructions:

Submit completed form to:
InSpiredCare Academy INC.,
100 E. Pine Street, Suite 110
Orlando, FL 32801

Phone : (407) 947-0133

Email: admissions@inspiredcareacademy.com / www.inspiredcareacademy.com

Registrar's Use Only: Cashier's Initials: _____ Date: _____ Amount: _____ Payment Type: _____