



Southwest College of Naturopathic Medicine and Health Sciences

Transcript Request

Official transcripts are \$7.00 for current students and \$10.00 for alumni

Unofficial transcripts are \$3.00 each

Unofficial transcript/ Amount requested _____ Official transcript /Amount requested _____

Student Name – Please Print

ID number

Date of Birth

First Date of Attendance

Last Date of Attendance

Current Return Address

Daytime phone number

Address transcript(s) being sent to:

Special Instructions:

Student Signature

Date

For Office Use Only:

Amount owed: _____ Bursar's Signature: _____ Date: _____
