

PARKER

COLLEGE OF CHIROPRACTIC

Transcript Request

2500 Walnut Hill Lane

Dallas, TX 75229

Fax: 214.902.2458

Phone: 972.438.6932, Ext. 7120

PLEASE PRINT

Name: _____ DOB#: _____

Phone: (h) _____ (c) _____

Email Address: _____

Transcript to be sent to: (One recipient per form) _____

Street Address _____

City _____ State _____ Zip _____

of Copies Needed _____ Send Now Hold for Trimester Grades

FedEx (Additional Charge) *

Student Signature: _____ Date: _____

Allow two business days from receipt to process.

Note: Your signature is required regardless if you are paying with a credit card. **Cost for official transcripts is \$10.00 per transcript and must be remitted prior to release of the transcripts by the school.

~ Box for Office Use Only ~

Processing Fee: _____ Date Printed Transcript: _____

Cashiers Office: _____ Date Transcript Sent: _____

Post Grad: _____ Entered: _____

Credit Card Information: We accept Visa, MasterCard and Discover; however we **do not accept** American Express.

*All FedEx Charges are billed separately; you will receive a charge from FedEx and Parker College.

CC# _____ - _____ - _____ Exp. Date: _____

Visa Master Card Discover