

**PC Professor Transcript Request
Office of the Registrar
6080 Okeechobee Blvd., #200
West Palm Beach, FL 33417**



Please print clearly. All requested information is required. The cost is \$7.00 per transcript. Exact payment must accompany each request. For multiple requests, please attach a list containing the names and addresses of each intended recipient. A transcript will not be released if the account is not in good standing. You may mail this form with payment to the above address or fax it to (561) 684-0882, Attention: Registrar.

Print or Type Name and Address:

Name Used While Attending PC Professor

Social Security Number

Date of Birth

Current Address

City, State

Zip

Name of Class(es) Taken

Campus Attended

Name of Teacher(s) At PC Professor

Dates of Enrollment

Please Send My Transcripts To:

Name

Street Address

City, State

Zip

Signature: _____ **Date:** _____

Special Instructions:

___ I will pick up the transcript(s). Please notify me at (___) ___-___ when ready.

or

Mail the Transcript(s):

- ___ Domestic 2 Day Delivery (\$14.00 plus \$7.00/transcript)
- ___ Domestic Overnight Delivery (\$16.00 plus \$7.00/transcript)
- ___ Interntl Express Delivery (\$28.00 plus \$7.00/transcript)

Method of Payment:

___ Credit Card

___ Check/Money Order made payable to PC Professor

Credit Card Account #

Expiration Date

Total Amount

Signature

Date

Phone Number