

**PC Professor Transcript Request  
Administrative Office  
6000 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 can mail this form with payment to the above address or fax it to (561) 684-0882, Attention: Registrar.

**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)
- Interntnl Express Delivery (\$28.00 plus \$7.00/transcript)

**Method of Payment:**

- Credit Card
- Check/Money Order made payable to PC Professor

\_\_\_\_\_  
**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:** \_\_\_\_\_

\_\_\_\_\_  
**Credit Card Account #**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Total Amount**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**