

TRANSCRIPT REQUEST FORM

Phone Number: _____

Email Address: _____

REQUEST FROM: (Name, Social Security # and Address)

I, _____, give permission to _____
(student's name) (school providing transcript)

- to send ____ copies of my official transcript to the name and address identified below.
- to send ____ copies of my unofficial transcript to the name and address identified below.

Thank you

(signature, date)

WHERE TRANSCRIPTS SHOULD BE SENT

- info@tcomedu.org
- The College of Metaphysical Studies (TCOM)
205 Eye Street Ste. 6
Bakersfield, CA. 93301