

Request for Official Transcripts and Academic Records Release



Tai Sophia Institute

7750 Montpelier Rd.
Laurel, MD 20723
phone
410-888-9048
301-725-1674
fax
410-888-9278

Instructions:

- Print the name and complete address of agency/individual to which you authorize the release of your transcript/academic record.
- If you are requesting more than two transcripts, please use an additional form.
- Include a \$5.00 processing fee for each request. Make check or money order payable to "Tai Sophia Institute".
- Include an additional \$45.00 evaluation fee for transcripts going to the California & Washington State Boards.
- Allow 3-5 days for normal processing. Allow 2-4 weeks for requests to California & Washington State Boards.
- Sign the form. We cannot release a transcript without your signed authorization.

Student Information

Name (please print) _____ Date of Birth: ____/____/____

Former name (s): _____ Last 4 digits of SSN: _____

Address _____

City _____ State _____ Zip _____

Email: _____ Phone Number _____

Program _____ Class /Track _____

I authorize the release of my transcript/academic records to the following:

| | |
|------------------------------------|-----------------------|
| Name _____ | Attn: _____ |
| Address _____ | |
| City _____ | State _____ Zip _____ |
| Number of copies to be sent: _____ | |

| | |
|------------------------------------|-----------------------|
| Name _____ | Attn: _____ |
| Address _____ | |
| City _____ | State _____ Zip _____ |
| Number of copies to be sent: _____ | |

All financial obligations to Tai Sophia must be met before the request will be processed.

Signature: _____ Date: _____

Form of Payment

Payment must be submitted with the form for processing.

Cash \$ _____ Check \$ _____ Check number: _____

Credit Card: Visa MasterCard (circle one) \$ _____

Name on the card: _____ Card number _____

Expiration date: _____ Verification Code (3 digits): _____