

Transcript Request Form

Please submit form directly to Student Records department, or email form to records@kpsahs.edu, or mail form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804, or fax form to 510-231-5155.

Transcript Type and Quantity:	
<input type="checkbox"/> Official <small>(Please see Transcript Request Payment Instructions page for payment amount)</small> Quantity: _____	<input type="checkbox"/> Unofficial <small>(Free)</small> Quantity: _____

Student Information:		
Current Full Name		
Full Name at Time of Enrollment (If different than current name)		
Date of Birth	Student ID Number or Last 4 Digits of SSN	Phone Number
Street Address		
City	State	Zip Code
KPSAHS Program		Dates of Attendance <small>(Month/Year to Month/Year)</small>

Delivery Options:	
<input type="checkbox"/> In Office Pick-Up	<input type="checkbox"/> Mail <small>(Note: You need to submit separate forms if transcripts need to be sent to more than one location.)</small>

Recipient's Name and Address for Transcript Delivery:		
Recipient's Name <small>(Example: Name of College/University or Name of Employer. If sending to yourself, enter your own name here.)</small>		
Street Address		
City	State	Zip Code

Signature _____

Date _____

INTERNAL OFFICE USE ONLY:

Date Request Received _____

Received By _____

Date Payment Received & Amount Paid (if applicable) _____

Processed By _____

Transcript Request Payment Instructions

Kaiser Permanente School of Allied Health Sciences will not release transcripts from other institutions.

- The first Official Transcript is free of charge.
- Subsequent transcripts requested will be charged based on the fees described below.

Normal Transcript Processing: Will take approximately 5-10 working days. \$10 fee

Rush Transcript Service: Rush Transcript will be available for pick up or ready for mailing 2 working days after request is submitted and payment has been received. Rush Transcript may be picked up by the student (Photo ID required) at the KPSAHS Student Records office. ***If the student has not picked up the Rush Transcript in (10) working days, the transcript will be mailed to the address provided on the form.*** \$20 fee [\$10 for the transcript + \$10 for rush processing]

1. Submit a completed **Transcript Request Form**. With your request form, please include a copy of your receipt showing proof of payment.
2. Payment is accepted by credit card only. To pay, copy the appropriate hyperlink below into your web browser and follow payment instructions.

Transcript Request, Normal Processing [5-10 working days] - \$10.00

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=U7J44V4N9S3RG

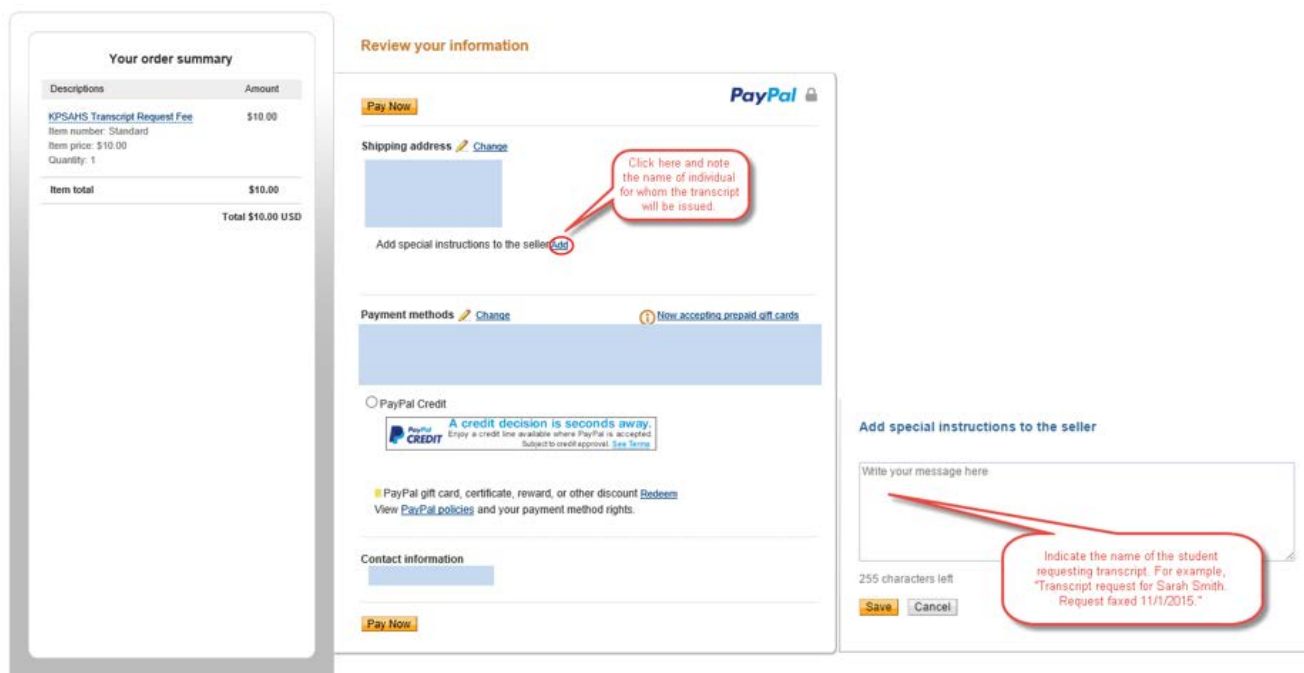
OR

Transcript Request, Rush Processing [2 working days] - \$20.00

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=RDQXZDHKAJUN4

3. If an individual other than student is paying for the transcript, payer should select "Add special Instructions to the seller" and note the name of the student under which the transcript will be issued. Screen shots below illustrate this process.

The Permanente Medical Group, Inc.



The image displays two screenshots from the PayPal website. The left screenshot, titled "Your order summary", shows a table with one item: "KPSAHS Transcript Request Fee" for \$10.00. The right screenshot, titled "Review your information", shows the "Add special instructions to the seller" section. A red callout bubble points to the "Add" button next to the "Add special instructions to the seller" label. Another red callout bubble points to the text area where the message is entered, with the example text: "Indicate the name of the student requesting transcript. For example, 'Transcript request for Sarah Smith. Request faxed 11/1/2015.'"

INTERNAL OFFICE USE ONLY:

Date Request Received _____	Received By _____	Date Payment Received & Amount Paid (if applicable) _____	Processed By _____
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