

Falcon Institute of Health and Science

3045 Avenue B, Bethlehem PA 18017

www.falconihs.com

Phone: 610-253- 2527 Fax: 610-438-0201 email: info@falconihs.com

UNOFFICIAL TRANSCRIPT REQUEST FORM

Please read the following carefully before proceeding.

Failure to complete any one of the fields below may delay or prevent your request from being processed:

- Current Full Name and Former Name (if applicable)
- Approximate Date of Attendance
- Signature
- Date of Birth
- Last 4 digits of Social Security
- Daytime Phone Number
- Address for Transcript Delivery (if applicable)

Submission Instructions:

- In person at Falcon Institute of Health and Science
- By Mail to Admissions Office, 3045 Avenue B Bethlehem, PA 18017
- By Fax to 610-438-0201

Service Options:

- Regular Service Processed within five business days of receipt of the Unofficial Transcript Request Form and then mailed by first class USPS mail.
- In Office Pick-Up Processed within three business days of receipt of the Unofficial Transcript Request Form.

Recipient Name and Address For Transcript Delivery (required if applicable):

Note: You must use separate forms if you wish to send unofficial transcripts to more than one location.

Student Information:

Current Full Name (required)

Former Name (if applicable)

Date of Birth (required)

XXX – XX –
Last 4 digits of Social Security (required)

Day Time Phone (required)

Email Address

Signature and Date:

Signature (required for release of records)

Date