

# Falcon Institute of Health and Science

3045 Avenue B, Bethlehem PA 18017

[www.falconihs.com](http://www.falconihs.com)

Phone: 610-253- 2527 Fax: 610-438-0201 email: [info@falconihs.com](mailto:info@falconihs.com)

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## 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

### 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:

- In Office Pick-Up Processed within three business days of receipt of the Unofficial Transcript Request Form.

### 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

\_\_\_\_\_  
Start Date (Month, Year)

\_\_\_\_\_  
Completion Date (Month, Year)

\_\_\_\_\_  
Student Signature  
(required for release of records)

\_\_\_\_\_  
Date