



Academic Transcript Request

Request Options:

- ☐ Email: Scan and send this completed form to kgause@pihma.edu
- ☐ Fax: Fax this completed form to 602-274-1895
- ☐ Mail: Mail this completed form to: PIHMA

301 E. Bethany Home Road Suite A-100
Phoenix, AZ 85012

Name: _____
First Middle Last

Maiden Name: _____ Date of Birth: ____/____/____

Email: _____ Phone: _____

Student Signature: _____ Date: _____

Receipt Information:

Check One of the Following:

- ☐ Issue Transcript Now
- ☐ Hold for Current Semester Grades
- ☐ Hold for Current Degree Posting

Check One of the Following:

- ☐ Unofficial Transcript (no fee)
 - ☐ Official Transcript - \$10.00 fee (First request is free of charge)
- Send to: (physical address)

Attention to: (point of contact) _____

- ☐ NCCAOM – Official Transcript “Graduated Status” - \$10.00 fee
- ☐ State of Arizona Acupuncture Board – Official Transcript “Graduated Status” \$10.00 fee

For Office Use Only:

☐ Student has met financial obligations

Registrar processed ____/____/____

