**Falcon Institute of Health and Science**

***3045 Avenue B, Bethlehem PA 18017***

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

OFFICIAL TRANSCRIPT REQUEST FORM

Submission Instructions:

* Please complete the Official Transcript Request Form and submit it to [**Registrar@FalconIHS.edu**](mailto:Registrar@FalconIHS.edu)
* All requests for transcripts, as well as any questions or follow-ups related to transcripts, should also be directed to [**Registrar@FalconIHS.edu**](mailto:Registrar@FalconIHS.edu)

Transcript Request Fees:

* Transcript Request Fee: $35 per transcript request.
* Processing Time: The Falcon Institute of Health and Science will make every effort to process your request for an official transcript within ten (10) business days from the date the completed official transcript request form and the transcript request fee has been received. However, please note that processing times may be extended near the end or start of a semester.
* Delivery Method: Transcripts will be mailed via USPS mail or email.

Payment Method:

Check or Money Order payable to : Falcon Institute of Health and Science

Credit Card

Student Information:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Full Name (required) Former Name (if applicable)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth (required) Last 4 digits of Social Security (required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day Time Phone (required) Email Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate Dates of Attendance (required)**

Recipient Name and Address for Transcript Delivery (required):

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

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Credit Card Payment Information for Official Transcript Request:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name (required) Cardholder’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder’s Phone (required) Cardholder’s Email Address**

I authorize the Falcon Institute of Health and Science to charge (amount in U.S. Dollars) $\_\_\_\_\_\_\_\_ to the following credit card account:

**Type of Card (check one): MasterCard VISA Discover**

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV: \_\_\_\_\_\_\_ ( American Express on front, others on back)

**Credit Card Billing Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**City State PA**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Card Holder (required) Date**

Signature and Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (required for release of records) Date**

**FOR OFFICE USE ONLY:**

Full Transcript Release Request Approved □ Date: \_\_\_\_\_\_\_\_\_\_\_

Partial Transcript Release Request Denied □ Date: \_\_\_\_\_\_\_\_\_\_\_

Transcript Release Request Denied □ Date: \_\_\_\_\_\_\_\_\_\_\_

**Transcript Release Policy**

**Unofficial Transcript Release:**

Current students may request a copy of their unofficial transcript or progress records by completing the transcript request form available in the Registrar's Office at the school.

Unofficial transcripts are provided at no cost to students who are currently enrolled and attending school. These transcripts will only be released directly to the requesting student in person and will not be sent via email, fax, mail, or any other electronic means.

**Official Transcript Release:**

The Falcon Institute of Health and Science will make every effort to process your request for an

official transcript within ten (10) business days from the date the completed application and the

transcript request fee has been received. However, please note that processing times may be

extended near the end or start of a semester.

1. For students who are recipients of federal student aid funds (loans and/or grants), in compliance with § 668.14(b)(34) of federal regulations, Falcon Institute of Health and Science reserves the right to hold or partially hold transcripts based on the status of a student’s institutional charges for each payment period.

**Partial Transcript Release:** Partial transcripts will be released, but not including credits for any one or more payment periods for which there is an outstanding balance and there is not an acceptable payment agreement with the institution pursuant to which payments are being made on a timely basis.

**Full Transcript Release:** Full transcripts will be released only when all institutional charges for all payment periods have been paid in full or are being timely paid under an acceptable payment agreement with the institution at the time the request is made.

2. For students who are not recipient of federal student aid funds, Falcon Institute of Health and Science reserves the right to hold or partially hold transcripts if any portion of the student’s institutional charges are unpaid for any semester or term.