

# Dragon Rises College of Oriental Medicine

## Official Transcript Request

This form authorizes DRCOM to release my official transcripts to the institution(s) designated below. Final transcripts will not be released without:

1. Documented completion of all coursework and clinical hours
2. Return of all Library or School materials
3. Signed and dated Official Transcript Request form
4. Fulfillment of all financial obligations with the school
5. Exit Counseling for financial aid students

I, \_\_\_\_\_, hereby request and authorize DRCOM to

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle  
send my official transcripts to:

	<u>Date required</u>
_____ NCCAOM Pre-Grad	_____
_____ NCCAOM Grad/Final	_____
_____ State of FL Board of Ac	_____
_____ Other institution:	_____

Office Use:

<u>Date Sent</u>	<u>Initials</u>
_____	_____
_____	_____
_____	_____
_____	_____

1. \_\_\_\_\_  
Institution Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip code

2. \_\_\_\_\_  
Institution Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Current Address: Street City State Zip Code

*Students are allowed the first three transcripts free of charge. Additional transcripts cost \$10 each, due at time of request.*

Amount Enclosed: \_\_\_\_\_

OFFICE USE:

Student has fulfilled all financial obligations with the school

\_\_\_\_\_  
Initials