



Schlicher-Kratz Institute
PO Box 176
Lansdale, PA 19446
Phone 215-855-1265
Fax 215-855-9332



REQUEST FOR OFFICIAL TRANSCRIPT

NAME : First _____ Middle _____ Last _____

Any Other Names Used While You Were a Student: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ ALTERNATE PHONE _____

PLEASE CHECK THE TYPE OF TRANSCRIPT YOU ARE REQUESTING:

- Real Estate PreLicensing Transcript for Fundamentals and Practice
Date Courses Completed: _____
- Real Estate Broker Transcript
Name of Class: _____ Date Course Completed: _____
Name of Class: _____ Date Course Completed: _____
- Real Estate Continuing Education Transcript
Name of Class: _____ Date Course Completed: _____
Name of Class: _____ Date Course Completed: _____
- Appraisal Transcript
Name of Class: _____ Date Course Completed: _____
- Appraisal Continuing Education Transcript
Name of Class: _____ Date Course Completed: _____

PLEASE CHECK FORWARDING INSTRUCTIONS:

- Mail to my address. (We will only mail transcripts to you.)
- I will pick up transcripts at the Montgomeryville Office. (Photo id is required.)

AFFIDAVIT & AUTHORIZATION:

I certify that I am the person requesting the transcript and that I authorize Schlicher-Kratz Institute to release my transcripts. (Please note: Transcripts will not be released if you have a financial obligation to our school.)

Signature: _____ Date: _____

PLEASE CHECK PAYMENT OPTION - COST IS \$10.00 PER REQUEST FORM:

- Check Enclosed - Made payable to *Schlicher-Kratz Institute*
- Credit Card - (*Visa, M/C, Discover*) # _____ Exp. Date _____
Credit Card Billing Address (if different from above): _____

For Office Use Only: Check # or CC Approval #: _____ Processed by: _____ Date: _____