



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 #: \_\_\_\_\_ Exp.Date \_\_\_\_\_  
*(Visa, MasterCard, Discover, or American Express)* Security Code \_\_\_\_\_

**For Office Use Only:** Check # or CC Approval #: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_