Gurnick Academy of Medical Arts Transcript Request Form
Registrar office fax and email address: (888) 812-4257, registrar@gurnick.edu.

Campus Attended:
- San Mateo Campus: 2121 S El Camino Real, Bldg C200 San Mateo, CA 94403
- Concord Campus: 1401 Willow Pass Rd, Ste 450 Concord, CA 94520
- Modesto Campus: 4712 Stoddard Road, Ste 200 Modesto, CA 95356
- Fresno Campus: 7335 N Palm Bluffs Ave Fresno, CA 93711

Student Info:
Name: ____________________________________________________________
Address: __________________________________________________________________________________________
City: __________________________ State: __________ ZIP Code: __________ Phone: ______________________

Program Attended:
- Medical Assistant
- Nursing Assistant
- Physical Therapist Assistant
- Radiologic Technology
- Vocational Nurse
- MRI Technology
- Phlebotomy Technician
- Psychiatric Technician
- Ultrasound Technology
- RN to BSN

Dates Attended: __________________________

Transcript Type:
- OFFICIAL Transcripts cost $15.00 each for regular delivery (2 weeks).*
  Number Requested: ________ Total Cost: __________
- RUSHED OFFICIAL Transcripts cost $30.00 each and must be paid online through credit card (5 business days).
  Number Requested: ________ Total Cost: __________
- UNOFFICIAL Transcripts are free.
  Number Requested: ________

Form of Payment:
- □ Credit Card Online Payment (required for rushed transcripts)
- □ Money Order
- □ Check #:________ (take a minimum of 2 weeks to clear)
- □ Cashier’s Check

Transcript(s) to be:
- □ Picked up in Person
- □ Mailed to
  - Transcript type: □ Official □ Unofficial
  - Number of transcripts: __________
  - Address: _______________________________________________________________________________________
  - City: __________________________ State: __________ ZIP Code: __________

  - Transcript type: □ Official □ Unofficial
  - Number of transcripts: __________
  - Address: _______________________________________________________________________________________
  - City: __________________________ State: __________ ZIP Code: __________

Student Signature: __________________________________________ Date of Request: __________________________

PLEASE NOTE THAT A TRANSCRIPT IS NO LONGER CONSIDERED OFFICIAL ONCE THE SCHOOL SEAL ON THE ENVELOPE IS BROKEN.

FOR SCHOOL USE ONLY:
Registrar Signature: __________________________________________ Date of Receipt: __________________________
Issue Date: __________________________ Picked up in person: □
Mailed: □